## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90109 048 \*\*\*150.00

## DOCUMENT # P9600053440

1. Corporation Name

SPIDER	MARKETING CORPORATION	JN						
Principal Place	e of Business	Mailing Address				1415 <b>44</b> 151 <b>56</b> 151 <b>4414</b>	1 <b>81188</b> 16116 <b>8</b> 1811 1	#1#11 ##11 (##1
1912 UNIVERSIT	TY DRIVE	1912 UNIVERSITY DRIVE						
SUITE 203 SUITE 203				DO NOT	MOITE IN THE	COACE		
DAVIE FL 33324 DAVIE FL 33324					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
					06/21/1996			
<del>-</del>	Place of Business	2a. Mailing Address	-		4. FEI Number	4.	~ <del>                                    </del>	plied For
21		26			65-0676590			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	`		5. Certifcate of Status Desire	ed 🗌	\$8.75 A	
22		City & State	<del></del>	<u>-</u>	A Floring Committee Floring			
City & State	le .				6. Election Campaign Finance Trust Fund Contribution	ing 🗆	\$5.00 Added to	,
23 , Zip	Country	28 Zip	Country		This corporation owes the	current year In		0100
			30	•	Personal Property Tax.	current year ii		□No
24	9. Name and Address of Curre		30		10. Name and Address of N	ew Registered		
	3. Name and Address C. Conc.	TRE TRESIDENCE PROPERTY.	81	Name		······································		
ROS	SE, RAYMOND O		-	1	(D.O. D. A) Al A			
1912	2 UNIVERSITY DRIVE		82	Street Addr	ess (P.O. Box Number is Not Ac	ceptable)		
SUIT	TE 203		83					
DAVI	TE FL 33324							
			84	City		Fl	85 Zip C	Code
11 Purcuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statute	s the abov	e-named corp	oration submits this statement fo	the numose o	f changing its	registered
l office or n	registered agent or both, in the State	of Piorida. Such change was au	itnorized by	the corporation	on's board of directors. I hereby a	ccept the appo	ointment as req	gistered
agent. I a	rm familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statutes	3.	•			
agent. I a	rm familiar with, and accept the obliga-	ations of, Section 607.0505, Flori	ida Statutes	š. 				
agent. I a	im familiar with, and accept the obligation	ent and title if applicable. (NOTE:	Registered Age	nt signature require	d when reinstating)	DATE		
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an orderess, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR