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

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

9114B SOUTHWEST 20TH COURT FORT LAUDERDALE FL 33324

2. Principal Place of Business

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600064823 (3) K. SPENSER CHASE INC.

Mailing Address

2a. Mailing Address

Mackelon

anlow

26

9114B SOUTHWEST 20TH COURT FORT LAUDERDALE FL 33324-5074

FILED Sep 19 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

Not Applicable

3. Date Incorporated or Qualified

65-070255.

08/02/1996

4. FEI Number

Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Barrier Trust Fund Contribution Added to Feet	
Zip 24	Country 25	Zη. 29	Country 30	8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes Yes No)32,
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent	
	RPORATION SERVICE COMPAN	14	81 Name		
1201 HAYS STREET			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
TALI	LAHASSEE FL 32301		<u> </u>		
			83		
			84 City	FL 85 Zip Code	
office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or beth, in the Sta m familiar with, and accept the obt	ite of Florida. Such change wa:	s authorized by the corp	corporation submits this slatement for the purpose of changing its regist oration's board of directors. I hereby accept the appointment as registe	s ered ered
SIGNATURE	Signature, typed or printed frame of registered a	agent and taked applicable. (N	JTE: Registered Agent signature r	cooled when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
TITLE	D	☐ DELETE	1 + 1ITLE	Change A	Additio
NAME	MECKLER, RANDI		1.2 NAME	LESLEY MECKLER	
STREET ADDRESS	9114B SOUTHWEST 20TH C		1,3 STREET ADDRESS	,	
CITY-ST-ZIP	FORT LAUDERDALE FL 3332	24	1.4 CITY - ST - ZIP		
TITLE		DELETE	21 TITLE	☐ Change ☐ A	Additio
NAME			2.2 NAME		
STREET ADDRESS		•	2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CHY+ST-ZIP		
TITLE		☐ DELETE	3 1 7ITLE	☐ Change ☐ A	Additio
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREFT ADDRESS		
CITY-ST-ZIP			3.4. CHY-ST-ZIP		
TITLE		☐ DELETE	4.1 Trīlē	Change A	Additio
NAME			. 4. 2 NAME		
STREET ADDRESS	;		4.3 STREET ADDRESS		
CITY-ST-ZIP	·		44 CITY-ST-ZIP		
TITLE		DELETE	5.1 TrTLE	Change A	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE	Change A	Adcitio
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CrTY - ST - ZIP		
informátio I am ari of	n indi ca ted on this annual report of	r supplemental annual report is or the receiver or trustee empo	rtrue and accurate and to swored to execute this re	ated in Section 119.07(3)(i). Florida Statules. I further certify that the hat my signature shall have the same legal effect as if made under oat port as required by Chapter 607, Florida Statutes; and that my name	th; th