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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000072572 (6)

FILED May 08 1998 8:00am Secretary of State

SPHING	i LAKE VILLAGE, INC.					
Principal Place	e of Business	Mailing Address			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 19816 ILPRI BUSS SUBSU IPRE 1881
625 MAIN ST.		625 MAIN ST.				
		STE 100 Dolando -Fl 34786	1 24700		DO NOT INDITE IN T	HIÇ ÇDACE
			US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
•		•			08/28/1996	•
2. Principal Pi	ace of Business	2a, Mailing Address			4. FEI Number	Applied For
21		⊢ ,	26		62-1652854	Not Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
27		27	7		6. Certificate of Status Desired	Fee Required
City & State		City & State	Landa de la companya		6. Election Campaign Financing	\$5.00 May Be
23 Winda	Vindermere 28 Winderm		ከየ/-ዩ		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the	e current year Intangible Yes No
24	25 Name and Address of Cur	[29]	30		Personal Property Tax due June 30. 10. Name and Address of New Register 10. Personal Property Tax due June 30.	
Name and Address of Current Registered Agent STAPLES, JOHN W Name						
-825 MAIN ST.				UE	FFRET L. RLEIN	
STE 100			82 5	Street Addre	ss (P.O. Box Number is Not Acceptable)	
ORLANDO FL 34786			83			
			84 (Dity		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpora					oration submits this statement for the purpo	se of changing its registered
office or registered agent, or both, but the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	1 De		JEFFREY		LEIN 4:3	29.98
		l agent and trie if approable	(NOTI. Registered Agent s	ignature requirer	d when reinstating) DA	ŧΕ
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	STAPLES, JOHN W	[_] DELETE	1			Change Addition
NAME	1714 S. HIANASSEE RD.,	#20	1.2 NAME			
Street Address	ORLANDO FL	#23	1.3 STREET AD			
CITY-ST-ZIP TITLE	D D	DELETE	1.4 C(TY-ST-Z 2.1 T(TLE	TIP		Change Addition
NAME	KLEIN, JEFFREY L		l l			Change C Magnon
STREET ADDRESS	2586 ROBERT TRENT JON	IES DR., #1137	2.2 NAME 2.3 STREET AD	DOLCO		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-			
TITLE		DELETE		211		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET AD	DRESS		
CITY-ST-ZIP			3.4. CITY - ST - 3			
TITLE		DELETE				Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET AD	DRESS		
CITY+ST-ZIP		·	4.4 CITY - ST - 2	TIP .		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET AD	DRESS		
CITY-ST-ZIP		FT 527253	5.4 CITY-ST-Z	TIP		
TITLE		☐ DELETE				Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET AD			
CITY-ST-ZIP		-1 - 50 ALS - 405	6.4 CITY - ST - 2		Continue 110 07/2V/i) Elected Statutes furth	as applify that the information

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 informatio 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 changed, to an an attachment with an address.

(467) R7L.5800