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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000075723 (2)

R. D. SPENCER & ASSOCIATES, CO.

Principal Place of Business Mailing Address 2122 TYLER STREET 2122 TYLER STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-6717 3. Date Incorporated or Qualified 3a. Date of Last Report 09/09/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0699598 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032 24 29 Florida Statutes Yes 🔀 No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SPENCER, ROBERT D 2122 TYLER STREET 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33020 63 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whon reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. 🔲 DELETE Change Addition TITLE 1.1 1110 SPENCER, ROBERT D NAME 1.2 NAME 2122 TYLER STREET STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIF 14 CITY-ST-ZIP Addition DELETE Change TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 C/1Y+S1-Z(P CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY-\$1-7IP DELETE Change Addition 4.1 THLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIF DELETE Change Addition TITLE 5.1 have NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 eath; that I am an officer or director of the comporation 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 chapted or on an attachment with an address.

6.3 STHEFT ADDRESS 6.4 CITY-ST-ZIP

61111116

6.2 NAME

CICMATURE.

TITLE

NAME

STREET ADDRESS

John 182 Adence

DELETE

4-5-97

954 920-4416

Change

Addition

**FILED** 

May 20 1997 8:00am

Secretary of State