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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000076047 (5)

SPITZ ENTERPRISES INC.

FILED Apr 03 1998 8:00am Secretary of State



1/28/28

Principal Place	of Business	Mailing Address			((()))) (()) () () () () (111 BATTI ABITI 12010 ATTI BATTI BITTI INC. 1221
4779 LANCASHURE LANE 4779 LANCASHURE LANE						
TALLAHASSEE FL 32308 TALLAHASSEE FL 32308			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualific	
					09/09/1996	
9 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 208	6 1 1	26 20 86	Than	4011	59-3408721	Not Applicable
Suite, Apt.	<u>V / NOMAS V/11 V</u>	Suite, Apt. #, etc.	1-11014	rove y		CO 75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financin	g \$5.00 May Be
23 Tull 1	HASSEC, PL.	28] A / AH N	155€		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try of	8. This corporation owes or has	s paid the current year Intangible
24 323/	25 11.54	29 828/2	30	18H	Personal Property Tax due J	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered Agent
SPITZ, JOHN A 81 Name						
4779 LANCASHURE LANE TALLAHASSEE FL 32308				82 Street Address (P.O. Box Number is Not Acceptable)		
				34 City		85 Zip Code
						FL
11. Pursuant i	o the provisions of Sections 607.0502	and 607,1508, Florida Statu	ites, the abo	ove-named c	orporation submits this statement for t	ne purpose of changing its registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, F	lorida Statu	tes.	pration's board of directors. I hereby a	roop: the appearance at regions a
SIGNATURE						
0,0,1,1,0,1,2	Signature, typod or printed name of registered agent			Agent signature re	equired when reinstating)	DATE
12.	OFFICERS AND		13.	T	Smitz, CAROL	FFICERS AND DIRECTORS IN 12 Change
TIFLE	ONTE CAROL	☐ DELETE	1.1 1174			
NAME	SPITZ, CAROL		1.2 NAM		250 ThoRN BER	7 //
STREET ADDRESS	4779 LANCASHURE LANE			eet address	Tallanassa El	1.32312
CITY-ST-ZIP	TALLAHASSEE FL 32308	DELETE		r-ST-ZIP	HI HANSSEE	Change ☐ Addition
TITLE	S CDITT IAUN	☐ herei€	2.1 TITL	1	VICE PRISIDENT	y Griange Gradition
NAME	SPITZ, JOHN		2.2 NAN		JOHN A. SpITE	e Pr
STREET ADDRESS	4779 LANCASHURE LANE TALLAHASSEE FL 32308		4		250 THORN BEA	20000
CITY-ST-ZIP	TALLAHASSEE PL 32300	DELETE		Y-51/21P3	I A II A HASSEE	Change Addition
TITLE		☐ nereit	3.1 1111		•	Change Addition
NAME			3.2 NAN			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP		Driete	_	Y-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITL	į.		El cuarile El vacition
NAME			4. 2 NAI	Į.		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP		Donett		Y - ST - ZIP		Change Addition
TITLE		☐ DELETE	5 1 TITL		•	Li Change Li Modition
NAME			5.2 NAM			
STREET ADDRESS			I '	EFT ADDRESS		
CITY-ST-ZIP		The section		Y - ST - ZIP		Change Redition
TITLE		☐ DELETE	61 TITL			Change Addition
NAME			6.2 NAN	Λ€ .		
STREET ADDRESS			6.3 STR	EET ADDRESS		
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	THE PROPERTY OF THE PROPERTY O	
14. I hereby o	certify that the information supplied with	h this himo ages not quality	for the exer	nption stated that my sign	d in Section 119.07(3)(i), Florida Statuti lature shall have the same legal effect	os. I further certify that the information as if made under oath, that I am an tes; and that my name appears in
officer or	director of the corporation or the recei	er or trustee empowered to	Xecute II	iis report as	required by Chapter 607, Florida Statu	tes; and that my name appears in