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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P96000096506**1. Corporation Name

CLUB SPICE, SPICE MODELS, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90002 025 ***150.00



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Principal Place	of Business	Mailing Address					
2175 SOUTHEAT POMPANO BEAT	ST 6 STREET. SUITE F CH FL 33062	2175 SOUTHEAST 6 STREET. SUITE F POMPANO BEACH FL 33062		DO NOT WRITE	IN THIS SPACE	<u>:</u>	
					3. Date Incorporated or Qualifed		
					01/01/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
· ·					65-0710035 Not Applicable		
21 - 26 . Suite, Apt. #, etc. Suite, Apt. #, etc.						 \$8 .	75 Additional -
					5. Certifcate of Status Desired	,	ee Required
City & Stat	City & State City & State				6. Election Campaign Financing	\$5	.00 May Be
23	28				Trust Fund Contribution		ded to Fees
Zip			Country	Country 8. This corporation owes the current year intangible			
24	25	29 3	¬ '		Personal Property Tax.	XYes	i □No
27	9. Name and Address of Currer				10. Name and Address of New Reg	istered Agent	
			81	Name	1,		
AMERILAWYER CHARTERED				Channa A	Idrana /D O. Bay Number is Not Assentable	<u></u>	
343 ALMERIA AVENUE CORAL GABLES FL 33134			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
						· .	
			84	City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	the abov	e-named co	orporation submits this statement for the pu	pose of changing	ig its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auti	nonzea by	the corpor	ation's board of directors. I hereby accept the	te appointment a	as registered
	m jamilai wai, ana accept ale conge	200.00 01, 200.000 000, 000.000					Ţ
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE. R	egistered Age	nt signature req	uired when reinstating)	DATE	· .
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PSTD)_ *DETELE	1.1 TITLE		P <i>l</i> D	☐ Cha	ange Addition
NAME	DEAN, WILLIAM D JR.		1.2 NAME	7	DEAN WILLIAM SUITE	c	1
STREET ADDRESS	2175 SOUTHEAST 6 STREET,	SUITE F	1.3 STREE	TADDRESS	2175 SE 67 ST 30110		1
CITY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CITY-S	T-ZIP	Dompario BEACH, FL. 3306	, ン	
TITLE			2.1 TITLE	ľ		Cha	ange
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Cha	ange 🗀 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			\ -
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4 1 TITLE			☐ Cha	ange Addition
NAME			4. 2 NAME	}			ĺ
STREET ADDRESS			4.3 STREE	TADDRESS)
CITY-ST-ZIP			4.4 CITY- S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Cha	ange Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADORESS			
CITY-ST-ZIP			5.4 CITY-5	T-ZIP			1
TITLE		☐ DELETE	6.1 TITLE			Cha	ange
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADORESS			ļ
			6.4 CITY-5				l
CITY-ST-ZIP	1		0.4 011114				

CITY-ST-ZIP 14. I 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 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, or on an attachment with an address, with all other like empowered.

FICER OR DIRECTOR