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

PROFIT

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Gandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	P97000033812
1. Corporation Name	

IVAN SPINNER AND ASSOCIATES

Principal Place of Business

Mailing Address

4939 SW 33

FILED Mar 23 1998 8:00am Secretary of State

C1 1 1 1 6 22217			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 4/14/97			
Ft LAUD, R 33312						
	lace of Business	28. Mailing Address	22 / LAL	4. FEI Number	Applied For	
21 49	<u></u>	26 4939 SN	33 WAY	65-0743125	Not Applicable	
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	LAMO FL	City & State LAU	0	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the		
24 333		- - - -	10 USA	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registers	d Agent	
IVA	W SPINNER		of tvarie			
443 9 5W 33 WAY 82 Street Address (P.O. Box Number is Not Acceptable)						
CILA	ma 6		83	83		
, , ca,	no, h. 37312		84 City	<u> </u>	85 Zip Code	
office or reagent. I are SIGNATURE	egistered agent or both, in the State of m family, with, and accept the obligati	Florida. Such change was au ons of, Section 607.0505, Flori	thorized by the corporal ida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ppointment as registered	
12.	Signature hypering first of name of register or agent. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	PRESIDENT	DELETE	1.1 TITLÉ	ADDITIONAJONANAZO TO OTTIOZNA	Change Addition	
NAME	DUAN SPINAR		1.2 NAME			
STREET ADDRESS	4434 SW 33 WAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	f4 LAND, FL 33312		1.4 CITY - ST - ZIP			
TITLE	11 47 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	☐ DELETE	2 1 TITLE		Change Addition	
NAME			2 2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY - ST - ZIP			
TITLE		DELETE	31 TITLE -		Change Addition	
NAME			32 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			34 CITY-ST-ZIP			
TITLE		☐ DELĒTE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-7IP		77 65 Fee	4.4 CITY - ST - ZIP			
THLE		DELETE	5 1 TITLE	400002465	Change Addition	
NAME			5 2 NAME	-03/23/9801060-	~U5! 1	
STREET ADDRESS			5.3 STREET ADDRESS	400002465 -03/23/9801060- ***150.00		
CITY-S1-ZIP		DELETE	5.4 CITY+ ST- ZIP	***1JU, UU		
TITLE		URLEIC	611114		☐ Change ☐ Addition	
NAME			62 NAME		ΨE	
STREET ADDRESS			6.3 STREET ADDRESS		17.23	
14 I hereby ce	errily that the information supplied with	This films rious not qualify for	64 City-St-ZIP	Section 119.07(3)(i), Florida Statutes. I further	certify that the information	
indicated of officer or d	on this annual report or suppliemental a firector of the corporation or the receiver or Block 13 if changodror on an attach	named report is true and accur or or trustee empowered to ex- nent with an address.	ate and that my signatu ecute this report as requ	re shall have the same legal effect as if made unired by Chapter 607, Florida Statutes; and that	under oath; that I am an t my name appears in	