

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

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000046097 (6)**

1. Corporation Name  
**SPARKLE MANAGEMENT, INC.**



Principal Place of Business <b>100 LAURA ST. SUITE 600 JACKSONVILLE FL 32202</b>	Mailing Address <b>100 LAURA ST. SUITE 600 JACKSONVILLE FL 32202</b>
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

**05/19/1997**

2. Principal Place of Business 21 <b>915 YACHT HARBOR CT.</b> Suite, Apt. #, etc. 22 City & State 23 <b>JACKSONVILLE, FL</b> Zip 24 <b>32225</b> Country 25 <b>DUVAL</b>	2a. Mailing Address 26 <b>P.O. BOX 331397</b> Suite, Apt. #, etc. 27 City & State 28 <b>ATLANTIC BEACH, FL</b> Zip 29 <b>32233</b> Country 30 <b>DUVAL</b>	4. FEI Number <b>59-3452222</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**BLACKARD, WILLIAM R JR  
100 LAURA ST, SUITE 600  
JACKSONVILLE FL 32202**

**NO MAIL TO  
THIS ADDRESS!! I  
DO NOT RECEIVE  
MAIL HERE.**

10. Name and Address of New Registered Agent

81 Name <b>CAROL KNOTT</b>	85 Zip Code <b>32225</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>915 YACHT HARBOR CT.</b>	
83	
84 City <b>JACKSONVILLE</b>	FL

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 **Carol J. Knott Secretary** DATE **4/27/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNOTT, ROGER D JR</b>	1.2 NAME	
STREET ADDRESS	<b>P O BOX 331397 N/A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTIC BEACH FL 32233</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNOTT, CAROL J</b>	2.2 NAME	
STREET ADDRESS	<b>P O BOX 331397 N/A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTIC BEACH FL 32223</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE **Carol J. Knott Secretary** DATE **4/27/98** (904) 220-6073

CR2E034 (10/97)