FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

04-07-1999 90093 047 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



1999

DOCUMENT # P9700060667

1. Corporation Name SPENCER INVESTORS GROUP, INC.



Principal Place of Business Mailing Address															
16413 TURQUOISE TRAIL 16413 TURQUOISE TRAIL															
WESTON FL 33331					WESTON FL 33331 US					DO NOT WRITE IN THIS SPACE					
									3.	Date Incorporated or Qualifed					
										07/11/1997					
2. Principal Pl	ace of Busin	ess		2a	2a. Mailing Address				4.	, FEI Number		_ [_		lied For	
21					26					<u>65-0780123 </u>	* * * #			Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.				5.	Certifcate of Status Desired				dditional	
22	*			27									ee Rec		
City & State	e			\vdash	City & State				6.	Election Campaign Financing				May Be	
23					Zip Cauntry				Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible						
Zip	Country				¬ `			uniny		 This corporation owes the curl Personal Property Tax. 	ent year inta	angible Ye:		□No	
24	25 9. Name and Address of Current			Pogi	etorod Agent	30	_		10	Name and Address of New	Registered A				
	y, Maine	allu	Address of Carrent	Nogi	atered Agent		81 Name					-8-			
SPENCER, MARK H															
16413 TURQUOISE TRAIL							82 Street Address			P.O. Box Number is Not Accept	able)				
WES	TON FL 33		83												
	*						\square					,	7: 0		
							84	City	_		FL	85	Zip C	1	
11. Pursuant	to the provis	ions	of Sections 607.0502	and 6	607.1508, Florida Stat	utes, the a	above	a-named	corporatio	on submits this statement for the oard of directors. I hereby acce	purpose of	changi	ng its r	egistered	
office or re	egistered ag m familiaew	ent, d ith, ar	or both, in the State of ad accept the obligati	f Flori ions of	ida. Such change was f. Section 607.0505. F	authorize Iorida Sta	d by tutes.	the corpo	oration's be	oard of directors. I nereby acce	pt the appoir	16Meni /	as reg	Istereu	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												4		ļ	
SIGNATURE	Signature, typed	or prin	ted fiame of registered agent	and title	if applicable. (NC	TE: Registere	d Agen	nt signature n	required when		DATE				
12.	_		OFFICERS AND	DIR		13.		•		ADDITIONS/CHANGES TO OF	FICERS AN			RS IN 12	
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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.

SIGNATURE: