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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS -

FILED Mar 02, 1999 8:00 am **Secretary of State**

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1. Corporation Name

J. "SPIKE" GUNDERSHEIMER, INC.

Principal Place of Business Mailing Address 3121 NE 51ST ST. UNIT #301 3121 NE 51ST ST. UNIT #301 FORT-LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/19/1997 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 25260 LAKETHORE JA 65-0780921 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired 304 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing JOHTH KIDING Trust Fund Contribution Added to Fees 23 8. This corporation owes the current year Intangible 25 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **GUNDERSHEIMER, JOEL M** 82 Street Address (P.O. Box Number is Not Acceptable) 3121 NE 51ST ST, UNIT #301 FORT LAUDERDALE FL 33308 83 Zip Code 84 City 85 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 a | m tamiliar with, and accept the obligations of, Section | 607.0505, Florida | a Statutes. | | | , | | | |
|----------------|--|-------------------|-------------------------------|--------------------------|---|---------|----------|------------|--|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Re | egistered Agent signature rec | quired when reinstating) | | DATE | | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | |
| TITLE | P | ☐ DELETE | 1.1 TITLE | | | | Change | ☐ Addition | |
| NAME | GUNDERSHEIMER, J M | | 1.2 NAME | | • | | | | |
| STREET ADDRESS | 3121 NE 51 ST, 301 | | 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | FT LAUD FL 33308 | | 1.4 CITY-ST-ZIP | | | | | | |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | | | | Change | ☐ Addition | |
| NAME | GUNDERSHEIMER, L M | | 2.2 NAME | | | | | | |
| STREET ADDRESS | 3171 NE 51, 301 | | 2.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | FT LAUD FL 33305 | | 2. 4 CITY-ST-ZIP | | | | | | |
| TITLE | | DELETE | 3.1 TITLE | | | | Change | ☐ Addition | |
| NAME | | | 3.2 NAME | | | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | • | | | |
| CITY-ST-ZIP | | _ | 3 4, CITY-ST-ZIP | 7. TE. 7 | | - | | | |
| TITLE | | DELETE | 4,1 TITLE | | | · | Change | ☐ Addition | |
| NAME | | | 4.2 NAME | | | | | | |
| STREET ADDRESS | | | 4,3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | <u>'</u> | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | <u></u> | Change | ☐ Addition | |
| NAME | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | ٠. | | |
| CITY-ST-ZIP | • | | 5.4 CITY-ST-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | Change | 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 previous 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 with all other like empowered

SIGNATURE: