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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000093643 (9) DOCUMENT #

SPARKY ENTERPRISES, INC.

## **FILED** May 20 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address				FIRSTING IN INITIALITY SALES SALES AND
16240 LAUREL	DR. #101		16240 LAUREL DR. #101			
FORT LAUDER	DALE FL 33326	FORT LAUDERDALE FL	FORT LAUDERDALE FL 33326			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						10/30/1997
2. Principal Pla	ace of Business	2a, Mailing Address				4. FEI Number Applied For
21		26				45 - 0786 40 9 Not Applicable
Suite, Apt. #	Y, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				5. Certificate of Statos Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	<b>├</b> ¬	untry		8. This corporation owes or has paid the current year Intangible
24	25	29	30	т —		Personal Property Tax due June 30. L Yes L No  10. Name and Address of New Registered Agent
	9. Name and Address of Curre	nt Hegistered Agent		81	Name	10. Maille and Address of them hegistered Agent
	YTH, REGINA E			"	TNATIIG	
	40 LAUREL DR. #101			82	Street Add	dress (P.O. Box Number is Not Acceptable)
FOF	RT LAUDERDALE FL 33326			<b>B3</b>		
3						
•				84	City	FL 85 Zip Code
44 Discussion	About the second continues CO7 Old	22 and CO2 1509 Elorida State	ton the a	boyo	named corr	rporation submits this statement for the purpose of changing its registered
<ul> <li>office or re</li> </ul>	oglstered agent, or both in the State of familiar with, and accept the oblig	e of Florida. Such ch <b>ange w</b> as	s authorize	o by	the corpora	alion's board of directors. I hereby accept the appointment as registered
SIGNATURE .	Signature, type-I or pouted name of registering ac		NE : Bon etaro	od Anor	ot cionotura raqui	uired when reinstating) DATE
12.		ID DIRECTORS	13.	in Man	it signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 T	ITLE		Change Addition
NAME	SMYTH, REGINA E		1.2 N	AME		
STREET ADDRESS	16240 LAUREL DR, #101		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 3332	<del>.</del> 6	1.4 C	HTY-\$1	1 - <i>2</i> 1P	
TITLE		☐ DELETE	2.1 T	ITLE		Change Addition
NAME			2.2 N	IAME		
STREET ADDRESS			2.3 \$	TREET :	ADDRESS	
CITY-ST-ZIP			2.40	CITY-S	ST - ZIP	
TITLE		DELETE	3.1 1	ITLE		Change Addition
NAME			3.2 N	IAME		
STREET ADDRESS			3.3 S	TREET	ADDRESS	
CITY-ST-ZIP			3.4. (	CITY-S	ST-ZIP	
TITLE		☐ DELETE	411	HLE		Change  Addition
NAME			4.21	NAME		
STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY-ST-ZIP			4.4 0	HY-SI	T · ZIP	
TITLE		☐ DELETE	5.1 T	ITLE		Change Addition
NAME			5.2 N	IAME		
STREET ADDRESS			5.3 S	TREET	ADDRESS	
CITY-ST-ZIP				HY S	1- ZIP	
TITLE		DELETE	6.1 T			Change Addition
NAME			6.2 N	IAME		
STREET ADDRESS			6.3 S	TREET.	ADDRESS	
CITY - ST - ZIP	<del>- 4</del>		6.40	ITY - S	1- ZIP	Castles 110 07/0V/3 Flerido Clabidos I facilitar acada tha Maria
14. I hereby o	certity that the information supplied to on this appual report or supplierion.	with this filing does <b>not qualify</b> Ial annual report is tru <b>e and</b> ai	nor the ex	empl od tha	uon stated ir at my sionati	n Section 119.07(3)(i), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath; that I am an

indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a 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.

Smill 12

5/11/ax