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

DOCUMENT # P97000093643

SPARKY ENTERPRISES, INC.

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90031 026 ***150.00



				1	1 10111 (1110 0 1111	1188	
Principal Place of Business	Mailing Address						
16240 LAUREL DR. #101 16240 LAUREL DR. #101							
FORT LAUDERDALE FL 33326 FORT LAUDERDALE FL 33326				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed	JULAGE		1
				10/30/1997	j		Į
2. Principal Place of Business	2a. Mailing Addres	ss		4. FEI Number	Ap	plied For	1 gr
21	26			65-0786409	No	t Applicable	367528
Suite, Apt. #, etc.	Suite, Apt. #, e	tc.		-5. Certificate of Status Desired	\$8.75	Additional	-1-2-
27				5. Certificate of Status Desired		Fee Required	
City & State	City & State			6. Election Campaign Financing	\$5.00	\$5.00 May Be	
23	28			Trust Fund Contribution	Added	to Fees	↲
Zip Country	Zip	Zip Country		8. This corporation owes the current year l			
25	29			Personal Property Tax.	☐ Yes ☐ No		
9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	d Agent		1
OMETH DECIMA E		8	1 Name				
SMYTH, REGINA E		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)			1
16240 LAUREL DR, #101				AND A CONTRACTOR OF THE PROPERTY OF THE PROPER	A TE OF THE P. T.	tinne stie Lege	4
FORT LAUDERDALE FL 33326		8	13	- 16.2 多級經濟額關			
		8	4 City	- 10 10 10 10 10 10 10 10 10 10 10 10 10	85 Zip	Code	1
AND THE STATE OF T			,		<u>Lill</u>		4
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State				poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered	}
agent. I am familiar with, and accept the obligation	tions of, Section 607.05	605, Florida Statute	es.	(İ	•	
SIGNATURE							
Signature, typed or printed name of registered ager			gent signature require	od when reinstating) }; DATE	UD DIDEOTO	00 01 40	⊣ જ઼
	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	Addition	F034 (11/98)
TITLE D	☐ DEL			51.477.66.479	Cularige	, LI Addison	5
NAME SMYTH, REGINA E		1.2 NAM		٠,	j		8
STREET ADDRESS 16240 LAUREL DR, #101			EET ADDRESS				1 6
CITY-ST-ZIP FORT LAUDERDALE FL 33326		1.4 CITY			☐ Change	Addition	ქ წ
TITLE	☐ DEL	L	1		Criange		` ⁻
NAME		2.2 NAM	i				
STREET ADDRESS		2.3 STRI	EET ADDRESS	The second secon			_
CITY-ST-ZIP			r-ST-ZIP		Change	☐ Addition	\exists
TITLE CONTRACTOR OF THE CONTRA	☐ DEI			•	Citalige	L Addition	'
NAME AND		3.2 NAM		•			
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CITY-ST-ZIP			/-ST-ZIP		Change	Addition	\exists
TITLE	☐ DEL			A Company of the Comp	. · · [c.] Change	, y se radiion	`
NAME		4. 2 NAA	ŧ				
STREET ADDRESS		4.3 STRI	EET ADDRESS				
CITY-ST-ZIP		4.4 CITY			☐ Change	☐ Addition	\exists
TITLE	☐ DE		I .		change		'
NAME		5.2 NAM					İ
STREET ADDRESS			EET ADDRESS	5. 324 23		•	1
CITY-ST-ZIP			-ST-ZIP	10 (11 to 12	Charge	☐ Addition	$\exists \ dash$
TITLE	☐ DEI			· .	☐ Change	Addition	'
NAME		6.2 NAM			1		
STREET ADDRESS		6.3 STR	EET ADDRESS				1

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.