

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000093813 (8)**

1. Corporation Name
SPICES, INC.



Principal Place of Business
**10049 S NOB HILL CIRCLE
TAMARAC FL 33321**

Mailing Address
**10049 S NOB HILL CIRCLE
TAMARAC FL 33321**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1997

4. FEI Number

65-0807098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **10874 NW 40 STREET**

Suite, Apt. #, etc.

22

City & State

23 **SUNRISE FL**

Zip

24 **33351**

Country

25 **USA**

2a. Mailing Address

26 **10874 NW 40 STREET**

Suite, Apt. #, etc.

27

City & State

28 **SUNRISE FL**

Zip

29 **33351**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**WALKER, CLIVE V
10049 S NOB HILL CIRCLE
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0102 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

Signature: Type or print name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WALKER, CLIVE V**
STREET ADDRESS **10049 S NOB HILL CIRCLE**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **D**
NAME **WALKER, GERMAINE C**
STREET ADDRESS **113-28 199 ST**
CITY-ST-ZIP **ALBANS QUEENS NY 11412**

TITLE **D**
NAME **SALMAN, SUE E**
STREET ADDRESS **10874 NW 40 ST**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:



SUE SALMAN

5/1/98

954-572-0133

CR2E034 (10/97)