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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Stale DIVISION OF CORPORATIONS

DOCIMENT #

P97000101539 (9)

SPAM CQ., INC.

Principal Place of Business Mailing Address

ON E THOOSE OF STE 900

FILED Jun 17 1998 8:00am Secretary of State



TAMPA FL 33602			TAMPA FL 33602			
					DO NOT WRITE IN THIS SPACE	
					 Date Incorporated or Qualified 12/02/1997 	
2. Principal P	lace of Business	28. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	26		HAPLIED FOR	Not Applicable
Suite, Apl. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
22	- 	27			5. Certificate of Status Desired	Fee Required
City & State	o	City & State	}-¬ ΄		6. Election Campaign Financing	\$5.00 May Be
23 County		28	· • · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	
Zip	Country	Z(p	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	25 25 Name and Address of Cu	rent Registered Agent	30	30 Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent		
DE		Tolk Roystord Agent	81	Name	(0, Mains and Address of New Hogisters	on Adelli
REIBER, SAM I 601 E. TWIGGS ST., STE. 200						
TAMPA FL 33602			82	Street Add	Idress (P.O. Box Number is Not Acceptable)	
17	MPA PL 33002		83			
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida	Statutes, the abov	e-named con	poration submits this statement for the purpose	e of changing its registered
office or r	egistered agent, or both, in the Similar with, and accept the of	ate of Florida. Such change.	was authorized bi	v the corpora	tion's board of directors. I hereby accept the a	appointment as registered
·	THE PARTY OF THE P	mganana en concur der cost	o, rionda dialate	a		
SIGNATURE	Signature, typed or printed harve of registeres	Laguest and title it applicable.	(NOTE: Registered Ag	ent signature requi	ired when reinstating) DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PKESISEC TH	CETTSULEETE DELET	E 1.1 TITLE			Change Addition
NAME	TO STAIL	(1/V) X Y	1.2 NAME			;
STREET ADDRESS	PRESISEE TREASURERED DELETE MICHAEL LINSKY 601E TW166S ST #200 TAMPA, FI 33602		. 1.3 STREET	ADDRESS		c
CITY-ST-ZIP	IMMPH, F	1 22602	1.4 CHY-5	37 - 7IP		
TITLE	•	☐ DELET				☐ Change ☐ Addition ☐
NAME			22 NAME			
STREET ADDRESS	4		2 3 STREET			
CITY-ST-ZIP			2. 4 CITY-1 £ 3.1 TITLE	ST-ZIP		Change Addition
TITLE NAME	☐ DELETE				•	Change Addition
STREET ADDRESS			3.2 NAME	. YUUDECE		
i			3 3 STREET			
CITY-ST-ZIP TITLE		DELET	3.4. CITY - E 4.1 TITLE	51-711		Change Addition
NAME			4. 2 NAME			and arrange that reaches
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.3 STREET	·		
TITLE		DELET				Change Addition
NAME		<u> </u>	5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S			
TITLE		☐ DELET			Description of the second seco	
NAME	•		6.2 NAME		0000025636 -06/18/98010191	EN WAL
STREET ADDRESS			6.3 STREET	ADDRESS	-U6/18/98U1U19	J45 /[.][
CITY-ST-ZIP			6.4 CITY - S	1-2IP	***150.00	

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 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 true tee employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an although with an address.

Ulaslaa