

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR BEFORE FEBRUARY 10, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90079 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000003245
 1. Corporation Name
SPG ENTERPRISES, INC.



Principal Place of Business 210 BROOK COURT NICEVILLE FL 32578	Mailing Address 210 BROOK COURT NICEVILLE FL 32578
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 102 Kent Ct. 22 Suite, Apt. #, etc.		2a. Mailing Address 26 102-Kent Ct. 27 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/12/1988	
23 Niceville, FL 24 Zip 32578 25 USA		28 Niceville, FL 29 Zip 32578 30 USA		4. FEI Number 59-3498723	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PERROTTA, PATRICIA 210 BROOK COURT NICEVILLE FL 32578				10. Name and Address of New Registered Agent			
				81 Name Jan Scurto			
				82 Street Address (P.O. Box Number is Not Acceptable) 102 Kent Ct.			
				83			
				84 City Niceville FL		85 Zip Code 32578	

11. 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 am familiar with, and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE: *Jan Scurto* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	PAT PERROTTA
STREET ADDRESS		1.3 STREET ADDRESS	210 BROOK CT.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Niceville, FL 32578
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	JAN SCURTO
STREET ADDRESS		2.3 STREET ADDRESS	102 Kent Ct.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Niceville, FL 32578
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Jan Scurto* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)