PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPAI

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90158 034 ***150.00

DOCUMENT # P98000005382

SPELLARO, INC. Mailing Address Principal Place of Business 500 S. AUSTRALIAN AVENUE 500 S. AUSTRALIAN AVENUE W PALM BEACH FL 33401 W PALM BEACH FL 33401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/16/1998 2a, Mailing Address FEI Number Applied For 2. Principal Place of Business Not Applicable 28 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 Election Campaign Financing-\$5,00-May Ba City & State City & State ___ 2 -Added to Fees Trust Fund Contribution : 28 23 This corporation owes the current year intengible Country Zip Yes Personal Property Tax. 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WHITMIRE, DRENNEN L JR Street Address (P.O. Box Number is Not Acceptable) 82 **607 RIDGE ROAD** LANTANA FL 33462 83 84 City 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 familier with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE d or printed name of registered agent and title if applic 32E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change □ Addition DELETE 1.1 TITLE mn.E 12 NAME SPELLMAN, WILLIAM G F NAME 5600 POINSETTIA BLVD. #1208 1.3 STREET ADDRESS STREET ADDRESS W PALM BEACH FL 33407 14 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition OBLETE 21 TTLE TITLE CALLARO, DANIEL A JR. 2.2 NAME MAME **607 RIDGE ROAD** 2.3 STREET ADDRESS STREET ANDRES LANTANA FL 33462 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE .m.e NAME 3.3 STREET ADDRESS STREET ADORESS 34: CITY-ST-ZIP CITY-ST-ZIP Addition Change C DELETE 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADORES 54 CITY, ST-ZIP CITY-ST-ZIP ☐ Addition Change 6.1 TITLE DELETE me NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 logal effect as if made under cert; that I am an officer or director of the corporation or the receiver or instee employeered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 19.ic langed, or on an attachment with an address, with ell other like empowered.