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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90192 048 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000009169

1. Corporation Name
SPIRAL-UP INTERACTIVE, INC.



Principal Place of Business
~~202 PHILLIPS PLACE~~
ORLANDO FL 32806

Mailing Address
~~202 PHILLIPS PLACE~~
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1998

2. Principal Place of Business

21 1000 S. DELANEY AVENUE
Suite, Apt. #, etc.

2a. Mailing Address

26 1000 S. DELANEY AVENUE
Suite, Apt. #, etc.

4. FEI Number

59-3493096

Applied For

Not Applicable

22 City & State

23 ORLANDO, FL
Zip Country

24 32806 25 US

27 City & State

28 ORLANDO, FL
Zip Country

29 32806 30 US

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 the current year intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~ROBINET, JUDY~~
~~202 PHILLIPS PLACE~~
~~ORLANDO FL 32806~~

10. Name and Address of New Registered Agent

81 Name
BILL WEATHERFORD
82 Street Address (P.O. Box Number is Not Acceptable)
1031 W. MORSE BLVD.
83 SUITE 105
84 City
WINTER PARK FL 85 Zip Code
32789

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, in 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, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ROBINET, JUDY
STREET ADDRESS 202 PHILLIPS PLACE
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/S ☒ Change ☐ Addition
1.2 NAME ROBINET-PISELO, JUDY
1.3 STREET ADDRESS 202 PHILLIPS PLACE
1.4 CITY-ST-ZIP ORLANDO, FL 32806

2.1 TITLE P/T ☐ Change ☒ Addition
2.2 NAME PISELO, THOMAS
2.3 STREET ADDRESS 202 PHILLIPS PLACE
2.4 CITY-ST-ZIP ORLANDO, FL 32806

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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 with all other like empowered.

SIGNATURE:

[Signature]

4-29-99

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CR2E034 (11/98)