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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherige Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90139 032 ***150.00

1999	200 at 150	DIVISION OF CONFORMIONS	
DOCUMENT ###	980200	32000 V	_
SPA TECHNOLOGY			
FLORIDA, CORP	· LCORF	# P980000320667	_
Principal Place of Business	M	alling Address	
6500 N.W. 12th Are	6500	N.W. 12th Ave.	
#114	#114		

6 200 N.M. 1944 ME 6700 N.M. 1944 1	ive.						
¥114 #114	<i>₩</i>			DO NOT WRITE IN THIS SPACE			
Ft. Lauderdale, FL 33309 17 Lauderdale, F	2 33309	3. Date Incorporated or Qualifed					
2. Principal Place of Business 21. SIII Garden Read 26. SIII Garden	Road	4. FEI Nursber 6308 28314	12 1	l ed For Applicable			
Suite, Ap: #, etc. Suite, Ap: #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A				
	each, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to				
24 33404 25 U.S.A. 29 33404 3 9. Name and Address of Current Registered Agent	O V.S.A.	8. This corporation owes the current year Personal Property Tax. 10. Name εnd Address of New Register	Yes	ΣįNo			
	81 Name Ar	chael J. Posner,	Esquir	e			
Jorje Blau 6500 N.W. 12th Ave. #114 Ft. Lauderdale, Fl 33309	82 Street Addre 442 C:	chael J. Posner, ess (P.O. Box Jumber is Not Acceptable) Beach Circle	· —				
#114							
Ft. Lauderdale, FL 33309	84 West F	Palm Beach F	1_ 85 Zip Co	ile 107			
Pursuarit to the provisions of Sections 607.0502 and 607.1508, Florida Statutes	, the above-named corpo	oration submits this statement for the purpose	of changing its re	egistered			
office or registered agent, or both, in the State of Florida. Such change was a ut agent. I am familiar with, and act ept the obligations of, Section 607.0505, Floric	norized by the corporatio la Statutes.	, , ,		tered			
SIGNATURE UW COM		<u> </u>	15-99				
Signature Sped or winted name of registered agent and title if applicable (NOTE R 12. (NOTE R)	egistered Agent signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		2 S INI 12			
TITLE DELETE		···	Change	Addition			
STREET ADDRESS 6500 NoW 12th Ave 1#114	1.2 NAME Br	ad Eavenson 111 Garden Road, Scite t Twiera Beach of FL 3	-	,			
STREET ADDRESS 6500 NoW. 12th Ave, #114	1.3 STREET ADDRESS 8:1	111 Garden Road, Scite t	\int_{0}^{∞}				
CITY-SI-ZIP Ft. Landerdale, FL 33309	1.4 CITY-ST-ZIP	iviera Beach of L 3	3404				
TITLE DELETE	2.1 TITLE		☐ Change	Addition			
NAME	2.2 NAME						
STREET ADDRESS	2.3 STREET ADDRESS						
City-St-ZiP	2. 4 CITY-ST-ZIP						
TITLE DELETE	3.1 TITLE		Change	Addition			
NAME	3.2 NAME			}			
STREET ADDRES3	3.3 STREET ADDRESS						
CITY-ST-ZIP	34 CITY-ST-ZIP						
TITLE DELETE	4.1 TITLE		Change	Addition			
NAME	4.2 NAME			ĺ			
STREET ADDRESS	4.3 STREET ADDRESS						
CITY-ST-ZIP DELETE	44 CITY-ST-ZIP 5,1 TITLE		Change	Addition			
_	5.2 NAME		☐ Change				
NAME OTHERS LODGES	5.3 STREET ADDRESS						
STREET ADDRESS	5.4 CITY-ST-ZIP						
CITY-ST-ZIP DELETE	6.1 TITLE		Change	Addition			
	62 NAME		□ change	C Podition			
NAME STREET ADDRESS	6.3 STREET ADORESS						
STREET ADDRESS	6.4 CITY-ST-ZIP						
CITY-ST-ZIP	0.4 01111-31-217						

4. 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 or riffy that the information indicated on this annual report or supplemental a great 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 tranged; or on an attack rent with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PLANTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daytime Phone #

CR2E034 (11/98)