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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000034855

THE SPALDING FINANCIAL GROUP, INC.

Prin	icipal	Pla	ce o	ot t	Jusir	105	S
560	VILLA	GE	BLV	ď	SUIT	E	110

Mailing Address

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90203 032 \*\*\*150.00



SEC VILLAGE RI	e of Business	Maining Address				i				
560 VILLAGE BLVD SUITE 110 WEST PALM BEACH FL 33409		560 VILLAGE BLVD SUITE 110 WEST PALM BEACH FL 33409				DO NOT MORE IN THE SPACE				
							DO NOT WRITE IN T	HIS SPACE		
						1	orated or Qualifed		. (	
						04/15/19				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	1007/00		pplied For	
21		26 100 LAKESHORE DR.			65-6	0827658		lot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc				5 Certificate of	f Status Desired		Additional	
22	<u></u>	27 L-1				3, 00/1/00/0			Required	
City & State	e	City & State	. –		<b>.</b>		mpaign Financing		May Be	
23		28 NORTH	HAIM BE	ACL	<u>1, FC</u>		Contribution		to Fees	
Zip	Country	Zip		untry	_		ation owes the current yea	r Intangible ☐ Yes.	₩No	
24	25	29 33408	30 L	<u>۶۶</u>	7	Personal Pr	operty Tax.  Address of New Register			
	9. Name and Address of Current	t Registered Agent		81	Name	10, Name and	Address of New Register	Lea Agent		
CAD	DIE KENNETH W			81	Name	·	: <u></u>			
FARDIE, KENNETH W 100 LAKESHORE DRIVE L-1			82 Stre			Address (P.O. Box Number is Not Acceptable)				
NORTH PALM BEACH FL 33408					<del></del>		- ,			
				84	City		·····	85 Zi	Code	
				11					to registered	
11. Pursuant	to the provisions of Sections 607.050;	2 and 607.1508, Florida S of Florida, Sack change v	Statutes, the a was authorize	above ed by t	-named ( the corpo	corporation submits the eration's board of direct	s statement for the purpostors. I hereby accept the ap	ppointment as	registered	
agent. I a	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obligat	tions of, Section 607.050	5, Florida Sta	tutes.			_ /	. /		
SIGNATURE	Signature, typed or printed name of registered agen	taide	,			quired when reinstating)		6/99		
12.		D-DIRECTORS	13.				CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	
TITLE	PD	☐ DELE		ITLE		P/V/T/S		Change		
							ARDIE, SHERRY	2	-	
NAME	I SPALDING-FARDIE. SHERRY G		1.2 N	IAME	1	<b>シャルにかいい ピュレ</b>		D .		
NAME STREET ADDRESS	SPALDING-FARDIE, SHERRY G 560 VILLAGE BLVD SUITE 110				ADDRESS )	SAUCHING -		υ,	ļ	
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

SCIRE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99 (561) 686-0118