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 # P98000063341

SPUNKY, INC.

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

04-27-1999 90021 017 ***150.00

Malina Address							I DOVINE VAN DAVI DAVI			
Principal Place		Mailing Address 4780 10 STREET VERO BEACH FL 32966								
4780 10 STFEET VERO BEACH F						DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed 07/16/1998			
2. Principal Place of Business 21 847 85 Street Suite, A. J. #, etc. 22 City & State 23 VCO Beach FL			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State			4. FEI Number 59-3521528		- ' '	lied For Applicable	
						5. Certifc:ite of Status Desired				
						6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Cour	ndian	Zip 29 3	Country	у		This corporation owes the current year Personal Property Tax.	ar intangible X Yes		 []No
24 3240		ress of Current	Registered Agent	0 1			10. Name and Address of New Registe	red Agent		
	9. Name and Add	icaa oi Curient	Ledistan vitati	81	l Na	me —	IV. rimite and river as a river region			
LISS	, LINDA			["						
4780	10 STREET				Sti	Street Acdress (P.O. Box Number is Not Acceptable)				
VERO BEACH FL 32966					3					
				84	Cit	У		FL 85	Zip C	ode
11 Pursuant	to the provisions of Se	ctions 607.0502	and 607.1508. Florida Statutes	, the abov	e-nar	ned corp	oration submits this statement for the purpos	e of changir	ig its i	₃gistered
office or re	egistered agent, or bo	⊧h. in the State of	f Florida. Such change was authors of, Section 607.0505, Florid	norized by	/ the o	corpore tic	on's board of cirectors. I hereby accept the a	ppointment a	as reg	stered
SIGNATURE	Signature, typed or printed na	ne of registered agent	and title if applicable. (NOTE: R	egistered Age	ent signa	iture require	d when reinstating) DAT	E		-
12,	7,	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRE	CTO	S IN 12
TITLE	D		☐ DELETE	1.1 TITLE				☐ Cha	ınge	☐ Additio
NAME	LISS, LINDA			1.2 NAME						
STREET ADDRESS	4780 10 STREET			1 3 STREE	T ADDR	ESS				
CITY-ST-ZIP	VERO BEACH FL	32966		1.4 CITY-5	ST-ZIP		_			
TITLE	D	-=	☐ DELETE	21 TITLE				☐ Cha	inge	Additio
NAME	LISS, MARVIN			2.2 NAME						
STREET ADDRESS	4780 10 STREET			2.3 STREE	ET ADD	RESS				
CITY-ST-ZIP	VERO BEACH FL	32966		2. 4 CITY-	ST-ZIP		_			. _
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NAME				4. 2 NAME						
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NAME				52 NAME						
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CITY-ST-ZIP				54 CITY-	ST-ZIP	L_				
TITLE			☐ DELETE	6.1 TITLE		\top		☐ Cha	inge	Additio
NAME	!			6.2 NAME						
STREET ADDRESS				6.3 STREE	T ADDR	RESS				
CITY OF ZID				6.4 CITY-3	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 attach nent with an address, with a lighter file empowered.

4/23/99

561-978-9944

Daytime Phone #

POE034 (11/08)