


FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90024 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000069029 1. Corporation Name SPY SHOP SPECIALTIES, INC.					
Principal Place of Business 5201 NO. TAMiami TRAIL #104 NAPLES FL 33940-			Mailing Address 5201 NO. TAMiami TRAIL #104 NAPLES FL 33940-		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 34103			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 34103		
3. Date Incorporated or Qualified 08/03/1998			4. FEI Number 59-3529501		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent SEZONOV, JOHN 5201 NO. TAMiami TRAIL #104 NAPLES FL 33940			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 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 (NOT Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE President <input type="checkbox"/> DELETE NAME John Sezonov STREET ADDRESS 5201 N. Tamiami Trail #104 CITY-ST-ZIP NAPLES, FL. 34103			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12 NAME John Sezonov 13 STREET ADDRESS 5201 N. Tamiami Trail #104 14 CITY-ST-ZIP NAPLES, FL 34103		
TITLE Vice President <input type="checkbox"/> DELETE NAME Emily Sezonov STREET ADDRESS 5201 N. Tamiami Trail #104 CITY-ST-ZIP NAPLES, FL. 34103			21 TITLE Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 22 NAME Emily Sezonov 23 STREET ADDRESS 5201 N. Tamiami Trail #104 24 CITY-ST-ZIP NAPLES, FL. 34103		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

Daytime Phone #

CR2E034 (11/98)