


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

AMENDMENT

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY 24 AM 10:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # S18575 1. Corporation Name SPHERE INDUSTRIES, INC.					
Principal Place of Business 1950 South Ocean Drive Suite 12-N Hallandale FL 33009 US			Mailing Address 1950 South Ocean Drive Suite 12-N Hallandale FL 33009 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/20/1990 4. FEI Number 65-0229405 Applied For <input checked="" type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	
9. Name and Address of Current Registered Agent WALLACE, LEONARD D. 1950 S Ocean Dr. #12-N Hallandale FL 33009			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 300002894829--8 83 -06/04/93 -01028--019 *****70.00 *****70.00 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 (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE NAME WALLACE, LEONARD D STREET ADDRESS 1950 South Ocean Dr STE 12 N CITY-ST-ZIP Hallandale FL 1.2 TITLE <input type="checkbox"/> DELETE NAME GANNON, JOHN W. STREET ADDRESS 5812 NW 25th Terrace CITY-ST-ZIP Boca Raton FL 1.3 TITLE <input checked="" type="checkbox"/> DELETE NAME PODGUR, HERSCHER M STREET ADDRESS 2401 Pennsylvania Ave, 14C52 CITY-ST-ZIP Philadelphia PA 1.4 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 1.5 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME WALLACE, LEONARD D STREET ADDRESS 1950 South Ocean Dr STE 12 N CITY-ST-ZIP Hallandale FL 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME GANNON, JOHN W STREET ADDRESS 5812 NW 25th Terrace CITY-ST-ZIP Boca Raton FL 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME GILEADI, JOHN D STREET ADDRESS 3430 Galt Ocean Dr. STE 1205 CITY-ST-ZIP Ft. Lauderdale, FL 33308 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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

19 MAY 99

Date

954-456-2200

Daytime Phone #

CR2E034 (11/98)