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CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS

REINSTATEMENT DISSOLVED 8/13/93 FILED

96 NOV 14 AM 11:52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Corporation Name SPANN UNLIMITED, INC.

DOCUMENT # 522537

Mailing Address 2970 N.W. 99TH STREET MIMAI, FLORIDA 33147 DADE COUNTY

REINSTATEMENT 93-910

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address, 2a. Principal Place of Business, 21-24 fields for address details

3. Date Incorporated or Qualified, 3a. Date of Last Report, 4. FEI Number 65-0247379, 5. Certificate of Status Desired \$875, 6. Election Campaign Financing Trust Fund Contribution \$5.00, 7. Nonprofit Exempt from \$138.75 Supplemental Fee, 8. This corporation has liability for intangible tax under 5-199.032, Florida Statutes

9. Name and Address of Current Registered Agent RUTH SPANN 2970 N.W. 99TH STREET MIAMI, FLORIDA 33147

10. Name and Address of New Registered Agent ROBERT SPANN 2970 N.W. 99TH STREET MIAMI, FLORIDA 33147 FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0603, Florida Statutes. Signature: Robert Spann, ROBERT SPANN, Date: 12/13/96

12. OFFICERS AND DIRECTORS: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP; 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP; 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP; 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP; 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP; 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP; 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP; 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP; 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP; 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP; 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(4) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. Signature: Charles E. Spann, CHARLES SPANN, PRESIDENT, Date: 12/13/96