

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

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May 03, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V24316

1. Corporation Name  
SPRY BUSINESS ENTERPRISES INC.

Principal Place of Business  
2540 NW 99 AVE  
CORAL SPRINGS FL 33065

Mailing Address  
2540 NW 99 AVE  
CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 2. Principal Place of Business<br>21 8105 NW 94th Ave<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 TAMARAC, FL<br>Zip<br>24 33321<br>Country<br>25 USA |  | 2a. Mailing Address<br>26 8105 NW 94th Ave<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 TAMARAC, FL<br>Zip<br>29 33321<br>Country<br>30 USA |  | 3. Date Incorporated or Qualified<br>03/27/1992 |  |
|  |  | 4. FEI Number<br>65-0347739   |  | Applied For<br>Not Applicable                   |  |
|  |  | 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required                  |  |
|  |  | 6. Election Campaign Financing <input type="checkbox"/>   |  | \$5.00 May Be Added to Fees                     |  |
|  |  | 7. Trust Fund Contribution <input type="checkbox"/>   |  |   |  |
|  |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |  |

9. Name and Address of Current Registered Agent

SPRY, STEVE  
2540 NW 99 AVE  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name<br>Spry, Steve  |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br>8105 NW 94th Ave |
| 83  |
| 84 City<br>TAMARAC  |
| 85 Zip Code<br>33321  |

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 Steve Spry Pres. DATE 4-29-99  
(NOTE: Registered Agent signature required upon re-filing)

| 12. OFFICERS AND DIRECTORS       |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------------|---------------------------------|---|--|
| TITLE<br>D                       | <input type="checkbox"/> DELETE | 1.1 TITLE<br>P/D                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>SPRY, STEVE              |                                 | 1.2 NAME<br>Spry, Steve                               |  |
| STREET ADDRESS<br>2540 NW 99 AVE |                                 | 1.3 STREET ADDRESS<br>8105 NW 94th Ave                |  |
| CITY-ST-ZIP<br>CORAL SPRINGS FL  |                                 | 1.4 CITY-ST-ZIP<br>TAMARAC, FL 33321                  |  |
| TITLE                            | <input type="checkbox"/> DELETE | 2.1 TITLE<br>V  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                             |                                 | 2.2 NAME<br>Nicola Cucunato                           |  |
| STREET ADDRESS                   |                                 | 2.3 STREET ADDRESS<br>6936 NW 24                      |  |
| CITY-ST-ZIP                      |                                 | 2.4 CITY-ST-ZIP<br>MARGATE, FL 33063                  |  |
| TITLE                            | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                             |                                 | 3.2 NAME  |  |
| STREET ADDRESS                   |                                 | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                      |                                 | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                            | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                             |                                 | 4.2 NAME  |  |
| STREET ADDRESS                   |                                 | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                      |                                 | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                            | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                             |                                 | 5.2 NAME  |  |
| STREET ADDRESS                   |                                 | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                      |                                 | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                            | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                             |                                 | 6.2 NAME  |  |
| STREET ADDRESS                   |                                 | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                      |                                 | 6.4 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 of Steve Spry  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 (954) 726-9233  
Date Daytime Phone #

CR2E034 (11/98)