05-07-1999 90123 046 \*\*\*150.00

## 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 # V33048

1. Corporation Name

S.P. POT	TER, INC.					3				4 American		
Principal Place	of Business	Mailing Address							EEN 1811 GIJH EN	EI) DIBII BIEII (	HOM GIVIN FOOT	
22272 PINEAPPLE WALK DR. 22272 PINEAPPLE WALK DR.												
BOCA RATON FL 33433 BOCA RATON FL 33433								DO NOT WRITE IN THIS SPACE				
US		US				-	•		TE IN THIS	SPACE		
							(	Date Incorporated or Qualifed 05/01/1992				
2. Principal Pla	ace of Business	2a. Mailing Address						El Number			plied For	
21}		26				6	<u> 55-0338524</u>			t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			ļ	5. C	Certificate of Status Desired		\$8.75			
22		27	•							Fee Re		
City & State		City & State					Election Campaign Financing  Frust Fund Contribution		\$5.00 Added t	- 1		
Zip	Country	Zip	Cou	intry			8. T	This corporation owes the curr	ent year Inta	ingible		
24	25	29 30						Personal Property Tax.		☐ Yes	No	
•	9. Name and Address of Current	Registered Agent					10. 1	Name and Address of New F	Registered A	\gent		
DOTT	TEN KATUDYN D			81	Name							
POTTER, KATHRYN P.				82	Street	eet Address (P.O. Box Number is Not Acceptable)						
22272 PINEAPPLE WALK DRIVE BOCA RATON FL 33433				Щ	<u> </u>							
BOCA	A RATUN FL 33433			83								
				84	City			<u> </u>		85 . Zip (	Code	
•				1 1	,				<u>FL</u>		1	
SIGNATURE	o the provisions of Sections 607 0502 gistered agent, or both, in the State on familiar with, and accept the obligat								•	changing its itment as re	registered gistered	
	Signature, typed or printed name of registered agent		ř –	! Agen	it signature re	equired wh			DATE AND	D DIDECTO	DC IN 12	
12.	OFFICERS ANI		13.	n r		I	AL	ODITIONS/CHANGES TO OF	PICERS AN	☐ Change	Addition	
TITLE	D DELETE			1.1 TITLE						cribingo		
NAME	, 01121, 0121			1.2 NAME								
STREET ADDRESS				1.3 STREET ADDRESS								
CITY-ST-ZIP	BOCA RATON FL	☐ DELETE		TY-S1	-ZIP					Change	Addition	
TITLE	_			2.1 TITLE						☐ Change		
NAME	POTTER, KATHRYN P.			2.2 NAME					,			
STREET ADDRESS	22272 PINEAPLLE WALK DRIVE			2 3 STREET ADDRESS								
_CITY+ST-ZIP	BOCA RATON FL			2.4 CiTY-ST-ZIP						Change	☐ Addition	
TITLE	Detere			3.1 TITLE								
NAME			3.2 NAME									
STREET ADDRESS	~  			3.3 STREET ADDRESS								
CITY-ST-ZIP				3.4. CITY-ST-ZIP						☐ Change	Addition	
TITLE	1			4.1 TITLE						☐ Outsings	☐ Addison	
				4. 2 NAME					•			
511227253				4.3 STREET ADDRESS								
CITY-ST-ZIP		□ pc ctc		ITY-S1	r-zip	ļ				Change	☐ Addition	
TITLE		☐ DELETE	5.1 TI		ļ					Change	□ ∧outo	

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 ghanged, or on an attachment with an address, with all other like empowered.

DELETE

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition