

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V34162 (0)

1. Corporation Name

SPARROW ENTERPRISES, INC.



Principal Place of Business

Mailing Address

2030 E. BEARSS AVE.  
STE. 906  
TAMPA FL 33613  
US

2030 E. BEARSS AVE.  
STE. 906  
TAMPA FL 33613  
US

3. Date Incorporated or Qualified  
05/04/1992

3a. Date of Last Report  
04/28/1995

2. Principal Place of Business

21 2044 E. BEARSS AVE.

Suite, Apt. #, etc.

22 Ste. 204

City & State

23 TAMPA, FL

Zip

24 33613

Country

25 USA

2a. Mailing Address

26 2044 E. BEARSS AVE.

Suite, Apt. #, etc.

27 Ste. 204

City & State

28 TAMPA, FL

Zip

29 33613

Country

30 USA

4. FEI Number

59-3129757

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

LOBEL, MATTHEW C.  
2030 E. BEARSS AVE.  
STE. 906  
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name Lobel, Matthew C.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2044 E. BEARSS AVE.  
83 Ste. 204  
84 City Tampa

FL

85 Zip Code

33613

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

Matthew C. Lobel, President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/10/96

12. OFFICERS AND DIRECTORS

TITLE D  
NAME LOBEL, MATTHEW C.  
STREET ADDRESS 2030 E. BEARSS AVE., STE. 906  
CITY-ST-ZIP TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Lobel, Matthew C.  
1.3 STREET ADDRESS 2044 E. BEARSS AVE, Ste 204  
1.4 CITY-ST-ZIP Tampa, FL 33613

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Matthew C. Lobel, President

DATE

7/10/96

(813) 972-9374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)