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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # VAQOAA

1. Corporation SPENCE	R'S PAINTING, INC.	•			•			
Principal Place of Business Mailing Address						T FRAIT MEIRIN NEUN FRUIT NOUIN INIU NIUE ARDIT OURI		(4) ( <b>3</b>   (1) (100)
4960 SOUTHWEST 29TH WAY FORT LAUDERDALE FL 33312  4960 SOUTHWEST 29TH WAY FORT LAUDERDALE FL 33312						DO NOT WRITE IN THIS S	PACE	<del></del>
						3. Date Incorporated or Qualifed 10/02/1992		
Principal Place of Business     2a. Mailing Address						4. FEI Number	App	olied For
Same 26 Same						65-0398424		Applicable
Suite, Apt. i	Suite, Apt. #, etc.	Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> A Fee Re		
22		City & State						
· · · · · · · · · · · · · · · · · · ·	, , , , , , , ,					6. Election Campaign Financing	\$5.00°1 Added to	, ,
Zíp	Country Zip Cou			trv		This corporation owes the current year Intan		
24	25	29 30	_	•				□No
241	9. Name and Address of Currer					10. Name and Address of New Registered Ag	jent	
ADDITION ADVIO				81	Name			
SPENCER, CRAIG				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
4960 SOUTHWEST 29TH WAY				$\perp$				
FORT LAUDERDALE FL 33312				83				
				84	City	. FL	85 Zip C	ode
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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS								
12.	OFFICERS AND DIRECTORS 13.			_		The state of the s	Change	Addition
TITLE	P CDENCED CDAIC B	DELÉTE 1.11				.'		
NAME	SPENCER, CRAIG B. 12N 4960 SW 29TH WAY 13S				ADDRESS			
STREET ADDRESS	FT. LAUDERDALE FL							
CITY-ST-ZIP	DELETE 2.1 TI				-ZF		Change	Addition
NAME			2.2 NAN	Æ				}
STREET ADDRESS			2.3 STR	EET	ADDRESS			
CITY-ST-ZIP	2.40			Y- 51	T-ZIP '			
TITLE	☐ DELETE 3.1 TI			E.			Change	Addition
NAME			3.2 NAM	Æ				
STREET ADDRESS			3.3 STR	EET	ADDRESS			
CITY-ST-ZIP	34.C			Y-\$1	r-zip		<del></del>	
TITLE		☐ DELETE	4.1 TITL		1		Change	☐ Addition
NAME			4. 2 NA					
STREET ADDRESS					ADDRESS	•		
CITY-ST-ZIP	<u> </u>	□ DELETE	4.4 C(T)		-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITL 5.2 NAM					L AGGROU
NAME					ADDRESS	•		. }
STREET ADDRESS			5.4 CIT)		1			

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

(54)-962-5552

☐ Change

Addition