

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

**FILED**  
**Feb 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L06831 (6)**  
 1. Corporation Name  
**THE SPIESS GROUP, INC.**

Principal Place of Business <b>306 E NEW HAVEN AVE                  MELBOURNE FL 32901                  US</b>	Mailing Address <b>306 E NEW HAVEN AVE                  MELBOURNE FL 32901                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6767 N. Wickham Rd</b> Suite, Apt. #, etc 22 <b>Suite 400</b> City & State 23 <b>Melbourne FL</b> Zip 24 <b>32940</b> Country 25 <b>Brevard</b>	2a. Mailing Address 26 <b>6767 N. Wickham Rd</b> Suite, Apt. #, etc 27 <b>Suite 400</b> City & State 28 <b>Melbourne FL</b> Zip 29 <b>32940</b> Country 30 <b>Brevard</b>
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3. Date Incorporated or Qualified <b>08/03/1989</b>	4. FEI Number <b>59-2960124</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
 **SMITH JUDITH S  
 511 TRADEWIND DR  
 INDIAN HARBOR BEACH FL 32937**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, JUDITH S</b>	
STREET ADDRESS	<b>306 E NEW HAVEN AVE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PVPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SMITH, JUDITH S</b>	
1.3 STREET ADDRESS	<b>511 TRADEWINDS DR</b>	
1.4 CITY-ST-ZIP	<b>INDIAN HARBOR BEACH FL 32937</b>	
2.1 TITLE	<b>S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ELIZABETH K. WHITE</b>	
2.3 STREET ADDRESS	<b>176 CHIPMUNK DR</b>	
2.4 CITY-ST-ZIP	<b>GRANBY CO 80446-1550</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Elizabeth K White* **ELIZABETH K WHITE** **970**  
**SEC/TREASURER** **8822468**

CR2E034 (10/97)