

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M0804**

1. Corporation Name
**SPARTAN HOLDING CO.
210 S. Federal Highway, Suite 400
Hollywood, FL 33326**

Principal Place of Business Mailing Address
**New York 9 Quay Court
Centerportn NY 11721**

2. Principal Place of Business	2a. Mailing Address
21 NY Suite, Apt. #, etc.	26 9 Quay Court Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Centerport, NY
24 Zip	29 11721
25 Country	30 Suffolk

3. Date Incorporated or Qualified	3a. Date of Last Report
NOV. 20, 1984	1995
4. FEI Number	Applied For
59-2484156	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CARL P, MALTESE
210 S. Federal Highway
Suite 400
Hollywood, FL 33326**

10. Name and Address of New Registered Agent

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

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 type: Electronic Handwritten

Signature type: Electronic Handwritten

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	EPRES. Emanuel G. Sfaelos
STREET ADDRESS	9 Quay Ct.
CITY-ST-ZIP	Centerport, N.Y 11721
TITLE	<input type="checkbox"/> DELETE
NAME	Secretary Emanuel G. Sfaelos
STREET ADDRESS	9 Quay Ct.
CITY-ST-ZIP	Centerport, NY 11721
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	000001871770
53. STREET ADDRESS	-06/21/96--01091--041
54. CITY-ST-ZIP	***200.00
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed, or added, or deleted) with a address.

SIGNATURE: *Emanuel G. Sfaelos*
SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Emanuel G. Sfaelos

5/26/96 (516) 427-2299
Date of Filing

CR2E034 (12/95)