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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14406

(3)

SPARTAN PRODUCTS, INC.

Principal Place of Business Mailin

Mailing Address

FILED Apr 23 1997 8:00am Secretary of State



275 EAST MARIE AVENUE WEST ST. PAUL MN 55118			275 EAST MARIÉ AVENUE WEST ST. PAUL MN 55118-4007												
								i	3. Date Incorporated or Qualified					eport	
2. Principal P	lace of Business		28.	Mailing Add	ress		···· · · · · · · · · · · · · · · · · ·		Number			117 16		plied For	
THIODAY I BOO OF BUS 1000			26					1-0879500			ŀ	-	t Applicable		
Suite, Apt. #, etc. City & State			Suite, Apt. #, etc. 27 City & State 28					\$8.7					5 Additional		
								5 . Ce	5. Certificate of Status Desired				Fee Required		
								1	Election Campaign Financing Trust Fund Contribution Added to Fees						
Zip 4	Cοι 25	ntry	29	Zip		Countr 30	у		s corporation ha			e tax ur		. 199.032,	
-1	9. Name and Ad	dress of Current		ered Agent		<u> </u>		10. Na	me and Addres	s of New R	Registered	Agent		·····	
I AN	DRETH, WILLIAM					81	Name								
	LONGLEAF ST						ļ								
	KSONVILLE FL 32	209				82	Street A	Address (P.O.	Box Number is i	Not Accepta	able)				
uno.	NOOHINDE : E OE					83					· · · · · · · · · · · · · · · · · · ·				
	•					84	City			····	FL	85	Zip	Code	
11. Pursuant	to the provisions of S egistered agent, or t m familiar with, and	ections 607.0502	2 and 60	7.1508, Flori	da Statute	es, the abov	e-named c	corporation su	bmits this state	ment for the	purpose	of chan	ging i	s registered	
office or r	egistered agent, or t	oth, in the State	of Florida	a Such char	nge was a 0505, Fio	authorized b	y the corpo	oration's boar	d of directors. I	hereby acc	ept the ap	pointm	ent as	registered	
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SIGNATURE 12.	Significate System or printed	ane of registered ager OFFICERS AND	na and title if	applicable.	(ноте	E: Registered Ac	pent signature n	required when rein	stating)		DATE	D DIRE	CTO		
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I. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if planged, or on an attachment with an address.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97

Daytime Phone #