

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 20 AM 11:22

DOCUMENT # 727350 (1)
1. Corporation Name

SPECTRUM PROGRAMS REAL ESTATE HOLDINGS, INC.

Principal Place of Business Mailing Address
18441 N.W. 2ND AVE. STE #218 MIAMI FL 33169-4517
18441 N.W. 2ND AVE. STE #218 MIAMI FL 33169-4517

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/30/1973	3a. Date of Last Report 02/23/1994
4. FEI Number 59-1625091	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent
**HAYDEN, H BRUCE
18441 N W 2ND AVENUE
STE 218
MIAMI FL 33169**

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

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	KLEIN, DONALD
STREET ADDRESS	2685 S BAYSHORE DR #903
CITY-ST-ZIP	COCONUT GROVE FL
TITLE	D
NAME	RUBINSON, RICHARD M
STREET ADDRESS	1295 NW 14 STREET #K
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	PD
NAME	DADY, ROBERT E.
STREET ADDRESS	100 SE 2NS ST STE 4000
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	D
NAME	ANDERSON, DUANE
STREET ADDRESS	2300 NEW WORLD TOWER
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	VP
NAME	THOMPSON, PARKER D
STREET ADDRESS	ONE SOUTHEAST THIRD AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	ST
NAME	JOSEFSBERG, ROBERT
STREET ADDRESS	25 W. FLAGLER ST. STE. 1201
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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)(b), 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:

H. Bruce Hayden

H. Bruce Hayden

01/17/95 (305) 653-8288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)