

FILE NOW: FILING FEE IS \$61.25

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Mar 12, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727350

1. Corporation Name
SPECTRUM PROGRAMS REAL ESTATE HOLDINGS, INC.

Principal Place of Business 18441 N.W. 2ND AVE., STE #218 MIAMI FL 33169-4517	Mailing Address 18441 N.W. 2ND AVE., STE #218 MIAMI FL 33169-4517
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 11031 N.E. 6th Avenue City & State 23 Miami, FL Zip 24 33161-7182	2a. Mailing Address 26 Suite, Apt. #, etc. 27 11031 N.E. 6th Avenue City & State 28 Miami, FL Zip 29 33161-7182	3. Date Incorporated or Qualified 08/30/1973	4. FEI Number 59-1625091 Applied For 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
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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

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KLEIN, DONALD	
STREET ADDRESS	2665 S BAYSHORE DR #903	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HAYDEN, H. B	
STREET ADDRESS	18441 N.W. 2ND AVE, STE. 218	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DADY, ROBERT E.	
STREET ADDRESS	100 SE 2NS ST STE 4000	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ERONCIG, JAMES	
STREET ADDRESS	1500 SAN REMO AVE., #247-B	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JOSEFSBERG, ROBERT	
STREET ADDRESS	25 W FLAGLER ST SUITE 800	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 617, 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.

SIGNATURE: **H. Bruce Hayden, President** *H. Bruce Hayden* Date: **01/05/99** Daytime Phone # _____

CR2E037 (11/98)