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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M73280

1. Corporation Name

SPECTRE GROUP, INCORPORATED

Principal Place	e of Business	Maning Address								
804 EAST 11TH	AVENUE	804 EAST 11TH AVENUE								
NEW SMYRNA BEACH FL 32169-3304		NEW SMYRNA BEACH FL 32169-3304			DO NOT WRIT	E IN THIS !	SPACE			
						Date Incorporated or Qualifed				
						1 ·				
		La Matthew Address				03/22/1988 4. FEI Number		T And	olied For	
2. Principal P	lace of Business	2a. Mailing Address				1 **			Applicable	
21		26				NOT APPLICABLE				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Red		
22		27							`	
City & State	e	City & State				6. Election Campaign Financing		\$5.00	, ,	
23		28				Trust Fund Contribution		Added to	o Fees	
Zip				Country		8. This corporation owes the curr			- /-	
24	25 29 30					Personal Property Tax.				
	9. Name and Address of Current	Registered Agent			_	10. Name and Address of New F	egistered A	gent		
				81	Name					
	NETT, LEROY E		82 Street Add			ss (P.O. Box Number is Not Accepta	ble)			
	east eleventh ave.		. Sueet A			iss (i .e. bex railes is their issepti	/			
NEW	SMYRNA BEACH FL			83						
				84	City			85 Zip C	ode	
					•		<u>FL</u>	Ш.,		
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was aut	inorizea	מא נח	e corporation	n's board of directors. I hereby accep	it the appoin	tment as reg	gistered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered A	\gent s	signature required	when reinstating)	DATE			
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 T/IL	E				Change	Addition	
NAME	BARNETT, LEROY E		1.2 NAN	ME						
STREET ADDRESS	804 EAST 11TH AVE.		13 STR	REETA	DDRESS				ļ	
	NEW SMYRNA BEACH FL		1.4 CIT		- 1					
CITY-ST-ZIP			2.1 TITL		; "			Change	Addition	
			2.2 NAA		1				1	
NAME					DD0C00					
STREET ADDRESS			1		DDRESS			_		
CITY-ST-ZIP		□ DELETE	2. 4 CIT		ZIP			Change	Addition	
TITLE		C DELETE	3.1 TITL							
NAME			3.2 NAM							
STREET ADDRESS		•	3.3 STF	REETA	DDRESS			•	{	
CITY-ST-ZIP			3.4. CIT		ZIP					
TITLE		☐ DELETE	4,1 TITL	ĻĒ				☐ Change	☐ Addition	
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 STF	REETA	ADDRESS					
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP					
TITLE		☐ DELETE	5.1 TITL	LE				Change	☐ Addition	
NAME			5.2 NAA	ME						
STREET ADDRESS			5.3 STF	REETA	ODRESS				ļ	
CITY-ST-ZIP			5.4 CIT	Y-ST-	ZIP				Ì	
TITLE		☐ DELETE	6.1 TITL	LE				☐ Change	Addition	
NAME			6.2 NA	ME						
					ODRESS					
STREET ADDRESS	I		0.0 011						ı	

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 doporation 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 charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

短程的 海 物水层的

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90103 028 ***150.00