

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 DEC 12 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000048747 (8)

1. Corporation Name

SPECTRUM ONE INC.



Principal Place of Business

Mailing Address

8362 PINES BLVD
SUITE 345
PEMBROKE PINES FL 33024-6620
US

8362 PINES BLVD
SUITE 345
PEMBROKE PINES FL 33024-6620
US

3. Date Incorporated or Qualified
07/06/1993

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21 4601 S. UNIVERSITY DR

26 4601 S. UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 193

27 SUITE 193

City & State

City & State

23 DAVIE FL

28 DAVIE FL

24 Zip 33328

25 Country USA

29 Zip 33328

30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELSH, WARREN E
8362 PINES BLVD
PEMBROKE PINES FL 33024

81 Name WELSH, WARREN E.

82 Street Address (P.O. Box Number is Not Acceptable)

83 4959 SW 86 WAY

84 COOPER CITY

FL

85 Zip Code 33328

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 X *W. E. Welsh*

12/10/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WARREN, WELSH E
STREET ADDRESS 8362 PINES BLVD
CITY - ST - ZIP PEMBROKE PINES FL

11 TITLE PD
12 NAME WARREN E WELSH
13 STREET ADDRESS 4959 SW 86 WAY
14 CITY - ST - ZIP COOPER CITY, FL 33328

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X *W. E. Welsh*

12/10/96

954-680-3380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone