

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # P93000052931 (1)

1. Corporation Name

SPECTRAGEN CORPORATION

95 MAY -1 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7262 S LEEWYNN DR
SARASOTA FL 34240

Mailing Address

7262 S LEEWYNN DR
SARASOTA FL 34240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/26/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business

21 State, Apt # etc

22 City & State

24

25

2a. Mailing Address

26 State, Apt #, etc

27 City & State

29

30

4. FEI Number
65-0434744

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**JORGENSEN, SERGE D
7262 S LEEWYNN DR
SARASOTA FL 34240**

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 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 607.0506, Florida Statutes.

SIGNATURE

Serge D. Jorgensen

Registered Agent (signature required when registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME: JORGENSEN, SERGE D 12.2 STREET ADDRESS: 7262 S LEEWYNN DR 12.3 CITY, ST, ZIP: SARASOTA FL	13.1 TITLE: P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13.2 NAME: Jorgensen, Serge D 13.3 STREET ADDRESS: 7262 S. Leewynn Dr 13.4 CITY, ST, ZIP: Sarasota FL 34240
12.2 NAME: JORGENSEN, SERGE D 12.2 STREET ADDRESS: 7262 S LEEWYNN DR 12.2 CITY, ST, ZIP: SARASOTA FL	13.2 TITLE: VP, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: Jorgensen, Serge D 13.2 STREET ADDRESS: 7262 S. Leewynn Dr 13.2 CITY, ST, ZIP: Sarasota FL 34240
12.3 NAME: JORGENSEN, SERGE D 12.3 STREET ADDRESS: 7262 S LEEWYNN DR 12.3 CITY, ST, ZIP: SARASOTA FL	13.3 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.3 NAME: JORGENSEN, SERGE D 13.3 STREET ADDRESS: 7262 S LEEWYNN DR 13.3 CITY, ST, ZIP: SARASOTA FL
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12.5 NAME: JORGENSEN, SERGE D 12.5 STREET ADDRESS: 7262 S LEEWYNN DR 12.5 CITY, ST, ZIP: SARASOTA FL	13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.5 NAME: JORGENSEN, SERGE D 13.5 STREET ADDRESS: 7262 S LEEWYNN DR 13.5 CITY, ST, ZIP: SARASOTA FL
12.6 NAME: JORGENSEN, SERGE D 12.6 STREET ADDRESS: 7262 S LEEWYNN DR 12.6 CITY, ST, ZIP: SARASOTA FL	13.6 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME: JORGENSEN, SERGE D 13.6 STREET ADDRESS: 7262 S LEEWYNN DR 13.6 CITY, ST, ZIP: SARASOTA FL
12.7 NAME: JORGENSEN, SERGE D 12.7 STREET ADDRESS: 7262 S LEEWYNN DR 12.7 CITY, ST, ZIP: SARASOTA FL	13.7 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.7 NAME: JORGENSEN, SERGE D 13.7 STREET ADDRESS: 7262 S LEEWYNN DR 13.7 CITY, ST, ZIP: SARASOTA FL
12.8 NAME: JORGENSEN, SERGE D 12.8 STREET ADDRESS: 7262 S LEEWYNN DR 12.8 CITY, ST, ZIP: SARASOTA FL	13.8 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.8 NAME: JORGENSEN, SERGE D 13.8 STREET ADDRESS: 7262 S LEEWYNN DR 13.8 CITY, ST, ZIP: SARASOTA FL

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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. 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: *Serge D. Jorgensen* *Serge D. Jorgensen* 29 April 95 (813) 317-4986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR