

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000072959 (8)**
1. Corporation Name

05-96-B-0736-NC

EMPIRE SPECTRUM, INC.



Principal Place of Business: **1401 EAST ATLANTIC BLVD. POMPANO BEACH FL 33060**
Mailing Address: **1401 EAST ATLANTIC BLVD. POMPANO BEACH FL 33060**

3. Date Incorporated or Qualified: **10/14/1993** 3a. Date of Last Report: **02/02/1995**

4. FEI Number: **65-0444856** 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

21. Principal Place of Business: State, Apt. #, etc. 22. City & State 23. Zip 24. County

26. Mailing Address: State, Apt. #, etc. 27. City & State 28. Zip 29. County

9. Name and Address of Current Registered Agent
**KORTHALS, JOHN L
1401 EAST ATLANTIC BLVD.
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City 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 607.0509, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE: PD	12.2 NAME: GUIZZETTI, ANDY	13.1 TITLE:	13.2 NAME:
12.3 STREET ADDRESS: 9104 YONGE ST., RICHMOND HILL	12.4 CITY-ST-ZIP: ONTARIO, L4C 6Z9	13.3 STREET ADDRESS:	13.4 CITY-ST-ZIP:
12.5 TITLE: VD	12.6 NAME: ADLER, AHARON	13.5 TITLE:	13.6 NAME:
12.7 STREET ADDRESS: 9104 YONGE ST., RICHMOND HILL	12.8 CITY-ST-ZIP: ONTARIO L4	13.7 STREET ADDRESS:	13.8 CITY-ST-ZIP:
12.9 TITLE: TD	12.10 NAME: GOLINI, PAUL	13.9 TITLE:	13.10 NAME:
12.11 STREET ADDRESS: 9104 YONGE ST., RICHMOND HILL	12.12 CITY-ST-ZIP: ONTARIO, L4C 6Z9	13.11 STREET ADDRESS:	13.12 CITY-ST-ZIP:
12.13 TITLE: SD	12.14 NAME: GUIZZETTI, DANIEL G	13.13 TITLE:	13.14 NAME:
12.15 STREET ADDRESS: 9104 YONGE ST., RICHMOND HILL	12.16 CITY-ST-ZIP: ONTARIO, L4C 6Z9	13.15 STREET ADDRESS:	13.16 CITY-ST-ZIP:
12.17 TITLE:	12.18 NAME:	13.17 TITLE:	13.18 NAME:
12.19 STREET ADDRESS:	12.20 CITY-ST-ZIP:	13.19 STREET ADDRESS:	13.20 CITY-ST-ZIP:
12.21 TITLE:	12.22 NAME:	13.21 TITLE:	13.22 NAME:
12.23 STREET ADDRESS:	12.24 CITY-ST-ZIP:	13.23 STREET ADDRESS:	13.24 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: *[Signature]* **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 305-486-8325
Date Telephone

CR2E034 (12/95)