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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000041117**

1. Corporation Name
SPECTRO TECHNICAL SERVICES, INC.

Principal Place of Business	Mailing Address
4274 MELROSE AVE PORT ST LUCIE FL 34956 US	4274 MELROSE AVE PORT ST LUCIE FL 34953 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1994

2. Principal Place of Business	2a. Mailing Address
21 X	26 X
22 Suite, Apt. #, etc.: 1274 sw MELROSE AVE	27 Suite, Apt. #, etc.: 1274 sw Melrose Ave
23 City & State: PORT St. LUCIE, FL	28 City & State: Port St. LUCIE, FL
24 Zip: 34953 25 Country: USA	29 Zip: 34953 30 Country: USA

4. FEI Number: 65-0571938 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KARK, GREGORY
4274 MELROSE AVE
PORT ST LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name: OLGA UTEVSKAYA
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1274 sw Melrose Ave
84 City: PORT St. LUCIE FL 85 Zip Code: 34953

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: OLGA UTEVSKAYA — OLGA UTEVSKAYA — 03/27/99
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	P	☐ DELETE	1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	KARK, GREGORY		1.2 NAME	OLGA UTEVSKAYA	
STREET ADDRESS	4274 MELROSE AVE		1.3 STREET ADDRESS	1274 sw Melrose Ave	
CITY-ST-ZIP	PORT ST LUCIE FL 34953		1.4 CITY-ST-ZIP	Port St. LUCIE, FL 34953	
TITLE	S	☐ DELETE	2.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	KARK, GREGORY		2.2 NAME	ANDREY KARK	
STREET ADDRESS	556 SE PORT ST. LUCIE BLVD		2.3 STREET ADDRESS	1290 sw Melrose Ave	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984		2.4 CITY-ST-ZIP	Port St. LUCIE, FL 34953	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 607, 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: OLGA UTEVSKAYA — 02/10/99 — (561) 785-8957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #