

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

DOCUMENT # P95000000971 (8)

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SECRETARY OF STATE



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****375.00 ****375.00

1. Corporation Name: **SPECTOR DEVELOPMENT, INC.**

Principal Place of Business: **1101 BRICKELL AVE SUITE 1400 MIAMI FL 33131**

Mailing Address: **1101 BRICKELL AVE SUITE 1400 MIAMI FL 33131**

3. Date Incorporated or Qualified: **01/05/1995**

3a. Date of Last Report: **01/05/1995**

4. FEI Number: **65 0564055**

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. 199.002 Florida Statutes: Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc: **9th Floor**

22. City & State: **New York, New York**

23. Zip: **10022** Country: **USA**

24. Zip: **10022** Country: **USA**

25. Zip: **10022** Country: **USA**

26. Mailing Address: **c/o Loeb, Block, Wacksman & Selzer LLP 505 Park Avenue**

27. Suite, Apt # etc: **9th Floor**

28. City & State: **New York, New York**

29. Zip: **10022** Country: **USA**

30. Zip: **10022** Country: **USA**

g. Name and Address of Current Registered Agent

BLOOM, LEONARD H
1101 BRICKELL AVE SUITE 1400
MIAMI FL 33131

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: **FL**

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: _____ (NAME: Registered Agent's signature required when filed for change)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director/President <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howard Berke	12 NAME	
STREET ADDRESS	505 Park Avenue, 9th Floor	13 STREET ADDRESS	
CITY-ST-ZIP	New York, New York 10022	14 CITY-ST-ZIP	
TITLE	Director/Secretary <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey E. Wacksman	22 NAME	
STREET ADDRESS	505 Park Avenue, 9th Floor	23 STREET ADDRESS	
CITY-ST-ZIP	New York, New York 10022	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

Handwritten signature and date: JEW 8/26/96

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 119.04(3)(d), 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 and name 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 C17, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____, **Jeffrey E. Wacksman, Secretary 8/26/96**

212 755-5510

CREE034 (3/96)