

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jun 10 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000041410 (7)**  
1. Corporation Name  
**SPECTRUM TRADING COMPANY**



Principal Place of Business <b>1500 NW 3 STREET STE 105 DEERFIELD BEACH FL 33442</b>	Mailing Address <b>1500 NW 3 STREET STE 105 DEERFIELD BEACH FL 33442-1608</b>
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3. Date Incorporated or Qualified <b>05/09/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>6601 LYONS RD.</b> Suite, Apt. #, etc. 22 <b>SUITE I-10</b> City & State 23 <b>COCONUT CREEK, FL</b> Zip 24 <b>33073</b>	2a. Mailing Address 26 <b>6601 LYONS RD.</b> Suite, Apt. #, etc. 27 <b>SUITE I-10</b> City & State 28 <b>COCONUT CREEK, FL</b> Zip 29 <b>33073</b>
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4. FET Number <b>65-0669992</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**EDWARDS, ROBERT J JR  
1500 NW 3 STREET STE 105  
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent  
81 Name  
**ROBERT J. EDWARDS JR.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6601 LYONS RD. SUITE I-10**  
83  
84 City  
**COCONUT CREEK** **FL** 85 Zip Code  
**33073**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDWARDS, ROBERT J</b>	1.2 NAME	
STREET ADDRESS	<b>1500 NW 3 STREET STE 105</b>	1.3 STREET ADDRESS	<b>12914 NYLAND CIRCLE</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	1.4 CITY-ST-ZIP	<b>BOLG RATON, FL 33428</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>V.P. DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WESTON, SANDRA F</b>	2.2 NAME	<b>STEVEN WESTON</b>
STREET ADDRESS	<b>1500 NW 3 STREET STE 105</b>	2.3 STREET ADDRESS	<b>6601 LYONS RD. SUITE I-10</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	2.4 CITY-ST-ZIP	<b>COCONUT CREEK, FL 33073</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>V.P. DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>MARK KRAEMER</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>2795 VIA BAYA LANE</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32223</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 at 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 \_\_\_\_\_

CR2E034 (9/96)