

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

FILED

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000041410 (7)

1. Corporation Name
SPECTRUM TRADING COMPANY



Principal Place of Business 1500 NW 3 STREET STE 105 DEERFIELD BEACH FL 33442	Mailing Address 1500 NW 3 STREET STE 105 DEERFIELD BEACH FL 33442-1608
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3. Date Incorporated or Qualified 05/09/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 6601 LYONS RD.	26 6601 LYONS RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE I-10	27 SUITE I-10
City & State	City & State
23 COCONUT CREEK, FL	28 COCONUT CREEK, FL
Zip	Zip
Country	Country
24 33073	29 33073
25	30

4. FET Number 65-0669992	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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

85 Zip Code
FL 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	EDWARDS, ROBERT J	
STREET ADDRESS	1500 NW 3 STREET STE 105	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WESTON, SANDRA F	
STREET ADDRESS	1500 NW 3 STREET STE 105	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	12914 NYLAND CIRCLE
1.4 CITY-ST-ZIP	BOLG RATON, FL 33428
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V.P. DIRECTOR
2.3 STREET ADDRESS	STEVEN WESTON
2.4 CITY-ST-ZIP	6601 LYONS RD. SUITE I-10
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V.P. DIRECTOR
3.3 STREET ADDRESS	MARK KRAEMER
3.4 CITY-ST-ZIP	2795 VIA BAYA LANE
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	JACKSONVILLE, FL 32223
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 _____ DATE **4/3/97**

CR2E034 (9/96)