

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000079728 (0)**

1. Corporation Name

SPECTRUM COMMERCIAL GROUP, INC.



Principal Place of Business

**3511 W COMMERCIAL BLVD
SUITE 235
FT LAUDERDALE FL 33309**

Mailing Address

**3511 W COMMERCIAL BLVD
SUITE 235
FT LAUDERDALE FL 33309**

3. Date Incorporated or Qualified
11/18/1993

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

21 **3600 W. COMMERCIAL BLVD**

2a. Mailing Address

26 **3600 W. COMMERCIAL BLVD**

4. FEI Number
65-0448993

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

22 **216**

Suite, Apt. #, etc.

27 **216**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 **FT. LAUDERDALE, FL**

City & State

28 **FT. LAUDERDALE, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 **33309**

Country

25 **USA**

Zip

29 **33309**

Country

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVIN, ANITA P

**~~3511 W COMMERCIAL BLVD~~
~~SUITE 235~~
FT LAUDERDALE FL 33309**

81 Name

ANITA P. LEVIN

82 Street Address (P.O. Box Number is Not Acceptable)

3600 W. COMMERCIAL BLVD.

83 **# 216**

84 City

FT. LAUDERDALE

FL

85 Zip Code

33309

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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required on this filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☒ DELETE
NAME **BALSAM, RICHARD T**
STREET ADDRESS **3511 W COMMERCIAL BLVD SUITE 235**
CITY - ST - ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P.S.D.** ☒ Change ☒ Addition
1.2 NAME **LEVIN, ANITA P.**
1.3 STREET ADDRESS **3600 W. COMMERCIAL BLVD # 216**
1.4 CITY - ST - ZIP **FT. LAUDERDALE, FL 33309**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Anita P. Levin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

954-777-5751
Daytime Phone #

CR2E034 (12/95)