

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 727350 (1)
1. Corporation Name
SPECTRUM PROGRAMS REAL ESTATE HOLDINGS, INC.



Principal Place of Business Mailing Address
18441 N.W. 2ND AVE., STE #218 MIAMI FL 33169-4517
18441 N.W. 2ND AVE., STE #218 MIAMI FL 33169-4517

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	08/30/1973	02/16/1996
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	59-1625091	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
HAYDEN, H BRUCE 18441 N W 2ND AVENUE STE 218 MIAMI FL 33169				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HAYDEN, H BRUCE 18441 N W 2ND AVENUE STE 218 MIAMI FL 33169				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, DONALD	1.2 NAME	
STREET ADDRESS	2665 S BAYSHORE DR #903	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBINSON, RICHARD M	2.2 NAME	Hayden, H. Bruce
STREET ADDRESS	1295 NW 14 STREET #K	2.3 STREET ADDRESS	18441 N.W. 2nd Ave. Ste. 218
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	Miami, FL 33169-4517
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	D, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DADY, ROBERT E.	3.2 NAME	
STREET ADDRESS	100 SE 2NS ST STE 4000	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, DUANE	4.2 NAME	Eroncig, James
STREET ADDRESS	2300 NEW WORLD TOWER	4.3 STREET ADDRESS	1500 San Remo Avenue-247B
CITY-ST-ZIP	MIAMI, FL 00000	4.4 CITY-ST-ZIP	Miami, FL 33146
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, PARKER D	5.2 NAME	
STREET ADDRESS	ONE SOUTHEAST THIRD AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEFSBERG, ROBERT	6.2 NAME	
STREET ADDRESS	25 W FLAGLER ST SUITE 800	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)