

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 31 PM 2:05

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1/7

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000395

SPECTRUM - B & E, LTD.



Mailing Address

**2430-ESTANCIA BLVD., SUITE 112
CLEARWATER FL 34621**

Principal Office Address

**2430-ESTANCIA BLVD., SUITE 112
CLEARWATER FL 34621**

3. Date Formed or Registered

03/15/1995

5a. Capital Contributions as
Shown on record.

\$155,000.00

3a. Date of Last Report

12/29/1995

EARLY

5b. Amount of Capital
Contributions in FLORIDA
to date

\$ 4,000

4. State or Country of Formation

FL

2. Mailing Address

P.O. Box 159

2a. Principal Office Address

132 TENTH AVE N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

City & State

City & State

TARPON SPRINGS FL

Safety Harbor FL

Zip Country

Zip Country

34688-0159 Pinellas

34695 Pinellas

6. FEI Number
59-3301268

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**ZAVODNY, R. JOHN
2430-ESTANCIA BLVD., SUITE 112
CLEARWATER FL 34621**

10. If changed, new Registered Agent/Office

Name **SAME**

Street Address (P.O. Box Number Is Not Acceptable)

132 TENTH AVE N.

Suite, Apt. #, etc.

102

City

Safety Harbor

FL

Zip Code

34695

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

**SPECTRUM FINANCIAL RESOURCES
BLAIR & URBAINCYZK ENTERPRISES**

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

**2430-ESTANCIA BLVD.,
1144 PALM COVE DRIVE
1717 W. Fairbanks
132 TENTH AVE N.
102
SAF**

11b. City, State & Zip Code

**CLEARWATER FL 34621
ORLANDO FL 32835
Winter Park FL
32789
SAFETY Harbor FL
34695**

11c. Registration/
Document Number

**S18969
P95000017521**

**350002051633--9
-01/09/97--01002--005
****191.25 ****191.25**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 689, Florida Statutes.

SIGNATURE

DATE

12/30/96

Typed or Printed Name of General Partner Signing Form

R. John Zavodny

Daytime Telephone Number

873-938-8886