

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

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90030 011 ***450.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002168
 1. Corporation Name
SPECTRUM SPECIALTY SERVICES, INC.

Principal Place of Business 12647 OLIVE STREET ST. LOUIS MO 63141	Mailing Address 12647 OLIVE STREET ST. LOUIS MO 63141
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3430272	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, MICHAEL	
STREET ADDRESS	12647 OLIVE STREET	
CITY-ST-ZIP	ST. LOUIS MO 63141	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	MOORE, JAMES W	
STREET ADDRESS	12647 OLIVE STREET	
CITY-ST-ZIP	ST. LOUIS MO 63141	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POWERS, SALLY A	
STREET ADDRESS	12647 OLIVE STREET	
CITY-ST-ZIP	ST. LOUIS MO 63141	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MAHONEY, MELVIN M	
STREET ADDRESS	12647 OLIVE STREET	
CITY-ST-ZIP	ST. LOUIS MO 63141	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SAMETZ, ADRIENNE	
STREET ADDRESS	12647 OLIVE STREET	
CITY-ST-ZIP	ST. LOUIS MO 63141	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BARTOLI, TRACY L	
STREET ADDRESS	12647 OLIVE STREET	
CITY-ST-ZIP	ST. LOUIS MO 63141	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MILES, RICHARD H.	
1.3 STREET ADDRESS	12647 OLIVE BLVD.	
1.4 CITY-ST-ZIP	ST. LOUIS, MO 63141	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **4/13/99** DAYTIME PHONE #: **(314) 919-8500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)