

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:22

DOCUMENT # H91319 (4)

1. Corporation Name
SPECTRUM ASSET MANAGEMENT CORPORATION

Principal Place of Business Mailing Address
1200 PALM AVE P. O. BOX 5842
SARASOTA FL 34200 SARASOTA FL 34277
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/23/1985
3a. Date of Last Report: 06/30/1994

2. Principal Place of Business 2a. Mailing Address

21 1752 MODANO ST. 26
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 204C 27
City & State City & State

23 SARASOTA FL 28
Zip City

24 34216 25 SARASOTA 29
Country

4. FEI Number: 59-2617102
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Adm. Fee (1 year)

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May be Added to Fees

8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

BAILEY, F. JOSEPH
1335 LANDING DRIVE
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: OSPREY FL 85 Zip Code: 32229

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, F. JOSEPH	1.2 NAME	
STREET ADDRESS	35 BISHOPS CT.	1.3 STREET ADDRESS	
CITY - ST - ZIP	OSPREY FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, F. JOSEPH	2.2 NAME	
STREET ADDRESS	33 BISHOPS CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	OSPREY FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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:

F. Joseph Bailey re. JOSEPH BAILEY
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

(Date) 4/14/95

813-951-2399
Daytime Phone #