

J07837

September 29, 1999

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: 1999 Annual Report Document #J07837

Records Department,

I would like to have our company mailing address changed effective October 8, 1999. The current address is as follows:

10911 Bonita Beach Rd Suite 208 Bonita Springs, FL 34135

Our new address will be:

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P.O. Box 2586 Key Largo, FL 33037

If you have any questions or need further information, please contact us at (800) 326-0529.

Sincerely,

William S. Smith

President

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SECRETARY OF STATE
TALLAHASSEF, FI ORIGINA

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COMMUNICATIONS CONSULTANTS

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLOTIAC.
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida
1. The name of the corporation is: Spectrum Communications, Inc.
2. The mailing address of the corporation is: 90 (William S. Smith, 10911  Bonita Beach Rd., Suite 208, Bonita Springs, Florida 33923  3. Date of incorporation/qualification: 3-31-80 Document number: J07837
4. The name and address of the current registered agent and office:
Lilliam S. Smith  10911 Braita Beach Rd., Suite 208  Brita Springs, FL 33923  Smith  1008 Crane St.  Ley Largo, FL 33037  The street address of its registered effice and the street address of the business office of its registered agent, as changed, will be identical.  Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
W dun 5 From 9-29-99
(Signature of an officer, chairman or vice chairman of the board)  (Date)  (Date)  (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
(Signature of Registered Agent) (Date)
(Signature of Registered Agent) (Date)  If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

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