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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2011 N. FLAGLER DR.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 14 1997 8:00am

Secretary of State

Change

Addition

Addition

DOCUMENT # J59337

Mailing Address

SPECTRUM EQUIPMENT CO.

2011 N. FLAGLER DR. W. PALM BEACH FL 33407 W. PALM BEACH FL 33407-6109 3. Date Incorporated or Qualified 3a. Date of Last Report 02/18/1987 06/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2784702 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PHIPPS, HUBERT G 81 Name 310 VIA LINDA 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL 33480 83 R4 City Zip Code 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 Eporida. 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** (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) TITLE □ DELETE 1.1 THLE Change Addition PHIPPS, HUBERT G. NAME 1.2 NAME 2011 N FLAGLER DR STREET ADDRESS 1.3 STREET ADDRESS W PALM BCH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP PD TITLE DELETE 2.1 1111.6 ☐ Change Addition LEDFORD, CYNTHIA NAME 2.2 NAME 5135 51 WAY STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 2 4 CITY-S1-7IP TITLE DELE16 3 1 TITLE Change Addition PHIPPS, HUBERT G. NAME 3.2 NAME 2011 N FLAGLER ST STREET ADDRESS 3.3 STREET ADDRESS W PALM BCH FL CITY-ST-ZIP 3 4. CHY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP

CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

DELFTE

DELETE