SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 0:57

DOCUMENT # **L69018** **(4)**

1. Corporation Name

SPECTRUM ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1096 RAINER DR 1096 RAINER DR ALTAMONTE SPRINGS FL 32714 US	1096 RAINER DR 1096 RAINER DR ALTAMONTE SPRINGS FL 32714 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/30/1990
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business
21: 2909 W. Highway 434
Suite, Apt. #, etc.
22: Suite 101
City & State
23: Longwood, FL
Zip
24: 32779
Country
25: USA

2a. Mailing Address
26: S A M E
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: 59-3012600 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOHNSON, WADE F., JR.
250 N ORANGE AVE STE 1100
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Steve Zabriskie
82 Street Address (P.O. Box Number is Not Acceptable): 2909 W. Highway 434
83: Suite 101
84 City: Longwood, **FL** 85 Zip Code: 32779

11. Pursuant to the provisions of Sections 607.0505 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] Steve Zabriskie 6/8/95
(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	ZABRISKIE, STEVEN K.	12 NAME	Zabriskie, Steven K.	
STREET ADDRESS	1096 RAINER DR	13 STREET ADDRESS	2909 W. Highway 434 - Suite 101	
CITY ST ZIP	ALTAMONTE SPRINGS FL	14 CITY ST ZIP	Longwood, FL 32779	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	ZABRISKIE, KENNETH L.	22 NAME	Zabriskie, Kenneth L.	
STREET ADDRESS	1096 RAINER DR	23 STREET ADDRESS	940 Douglass Avenue - #195	
CITY ST ZIP	ALTAMONTE SPRINGS FL	24 CITY ST ZIP	Altamonte Springs, FL 32714	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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 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.

SIGNATURE: [signature] 6/8/95 (407) 788-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Steve Zabriskie

000490 CP