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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L69018 (4)
 1. Corporation Name
SPECTRUM ENTERPRISES, INC.



Principal Place of Business
2809 W. HIGHWAY 434 SUITE 101 LONGWOOD FL 32779-4883 US

Mailing Address
2809 W. HIGHWAY 434 SUITE 101 LONGWOOD FL 32779-4883 US

3. Date Incorporated or Qualified **04/30/1990** 3a. Date of Last Report **10/02/1996**

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
 21 **995 N. Hwy 434** 2a. Mailing Address **SAME**

22 **SUITE 2731** 27 Suite, Apt. #, etc.

23 **ALTAMONTE SPRINGS FL** 28 City & State

24 **32714** 25 **USA** 29 Zip 30 Country

9. Name and Address of Current Registered Agent
ZABRISKIE, STEVE
~~**2809 W. HIGHWAY SUITE 101 LONGWOOD FL 32779**~~

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Applicable) **995 N. Hwy 434**
 83 **SUITE 2731**
 84 City **ALTAMONTE SPRINGS FL** 85 Zip Code **32714**

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: *Steve Zabriskie*
 Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	ZABRISKIE, STEVEN K.
STREET ADDRESS	2809 W. HIGHWAY 434 STE 101
CITY-ST-ZIP	LONGWOOD FL 32779-4883
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	995 N Hwy 434 SUITE 2731
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
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	<input 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 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.

SIGNATURE: *Steve Zabriskie* **President** **3/26/97** **788-1683**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)