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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90123 041 ***150.00

DOCUMENT # M57757 1. Corporation Name SPECTRUM GROUP CONSTRUCTION, INC.							,				
Principal Plac	ce of Business	Ma	ailing Address					T COMPANIE ON MITTER COMPANIES OF THE PARTY	JI DIN 0 1011 I	BIBIL GIBIL BIC	III į ut i
12314 SW 132ND CT			12314 SW 132ND CT								
MIAMI FL 33186			MIAMI FL 33186					ı			
US		US						DO NOT WRITE IN THIS	SPACE		
		•						Date Incorporated or Qualifed 08/21/1987			
2. Principal Place of Business			2a. Mailing Address				4.	FEI Number		Applied F	
Suite, Apt. #, etc.			Suite And # ata					59-2844697		Not Appl	
<u> </u>			Suite, Apt. #, etc.				_5.	Certificate of Status Desired		5 Additio	
City & State			City & State							e Required	
_			*				6.	Election Campaign Financing		00 May E	
Zip Country			Zip Country				<u></u>	Trust Fund Contribution		led to Fee:	\$
24	25	29	· · -	10	,		8.	This corporation owes the current year In Personal Property Tax.	angibie ☐ Yes	□No	
	9. Name and Address of Curre			<u> </u>			40	Name and Address of New Registered			'
		g.o.		81	T N	ame	10.	Hame and Address of New Registered	- Ageir		
MCC	Caul, Kenneth L				<u> </u>			,			
12314 SW 132ND CT					! St	treet Addres:	\$ (P	P.O. Box Number is Not Acceptable)]
MIAMI FL 33186				83	_						
				"							
				84	Ci	ity		=1	85	Zip Code	
A4 Divorced to the provisions of Continue COZ COOK 2 COZ 4500 Finds Or							-41-1-	FL		- 141-1	4
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 							ation s bo	n submits this statement for the purpose of pard of directors. I hereby accept the appoi	cnanging ntment a	g its registe s registere	erea ed
agent. I a	am familiar with, and accept the obliga	ations of,	Section 607.0505, Florid	la Statutes	3 .	•				J	
SIGNATURE	Classical		(_
12.	Signature, typed or printed name of registered age OFFICERS AI			_	nt sign	ature required wh			IO DIDE	STODE IN	40
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	BALA CI				1.3 STREET ADDRESS			,	•		
CITY-ST-ZIP TITLE				•	1.4 CITY-ST-ZIP				Char		Addition
							5.	•	Char	ige ∐ ⊁	Addition
NAME				2.2 NAME			4	•			
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CITY OT THE				SACITY OF	7 710	- 1					- 1

14. I 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, with all other like empowered.

SIGNATURE: