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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P93000016422 (6)

SPECTRUM VENDING CORP.

Principal Place of Business

Mailing Address

14436 STATE RD 535

14436 STATE RD 535

## **FILED** Feb 11 1998 8:00am Secretary of State



ORLANDO FL 32821			ORLANDO FL 32821			DO NOT WRITE IN THIS SPACE				
						3. Date incorpor				***
						02/26/199	3			
2. Principal Pl	ace of Busines	SS	2a. Mailing Address			4. FEI Number				Applied For
21 483	<u> 5 War</u>	RIOR LN		4835 WARRIOR LN.			27			Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired Service Servi				
City & State			City & State			Election Campaign Financing \$5.00 May Be				
	MMEE	FL,	28 KISSIMMEE		•	Trust Fund Co				d to Fees
Zip 3474	I/a 📙	Country OSCEDLA	34746	Coun	SCEULA	8. This corporation	on owes or has pa erty Tax due June	_		Intangible No
24 3474	nd Address of Current	120	30		10. Name and Ad					
			negistorea Again		Name ·	JAMES				
	WORTH, JA							WOR'	141	
14436 STATE RD 535 ORLANDO FL 32821					Street Add	ress (P.O. Box Numb 35 WARR	er is Not Acceptat	ole)		
UHI	LANDO PL 3	2021		1	33	الا العمو التحق		<del>- , </del>		
									<b></b>	
					City KIC	SSIMMEE		FL	85 Z	24 7412
11. Pursuant t	o the provision	ns of Sections 607.0502	and 607.1508, Florida Statut	es, the <b>a</b> bo	we named core	poration submits this	statement for the p	nurnose of	changing	its registered
office or re agent. I ar	egistered ager in familiar <del>wit</del> h	nt, or both, in the State o , and accept the obliga	of Florida, Such change was a tions of, Section 607.0505, Florida	authorized orida Statu	by the corporal tes.	ition's board of directo	ors. I hereby acce	pt the appo	ointment a	as registered
SIGNATURE		<del></del>	/NO1	E. Dog stored	A most almost tro social	ired when reinstating)		DATE		
12.	Signature, typna or	printed name of registered agent		13.	Agent signature requi		IANGES TO OFFIC		DIRECTO	ORS IN 12
TITLE	P	OT KITTO AND	DELETE	1.1 TITL	F	7.001110110701	######################################		Change	
NAME	•	TH, JAMES M		1.2 NAN						
STREET ADDRESS	14436 S.F				EET ADDRESS					
CITY-ST-ZIP		) FL 32821			r-ST-ZIP					
TITLE	OHDARD	7 I C VEVET	DELETE	2.1 TITL					Change	e_
NAME				2.2 NAM	Æ					
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP					Y-ST-ZIP					
TITLE			☐ DELETE	3.1 TITL			•		Chang	e Addition
NAME				3.2 NAM	AE .					
STREET ADDRESS				3.3 STR	EET ADDRESS					
CITY-SI-ZIP					Y-ST-ZIP					
TITLE		·-··	DELETE	4 1 111			***		Chang	e Addition
NAME				4.2 NA	ME					
STREET ADDRESS				4.3 STR	EET ADORESS					
CITY-ST-ZIP				44 CIT	Y-ST-ZIP					
TITLE			DELETE	5.1 TITU			-		Chang	e Addition
NAME				5.2 NA	AE					
STREET ADORESS				5.3 STF	REET ADDRESS					
CITY-ST-ZIP					Y - ST - ZIP					
TITLE			DELETE	6.1 TIT	<del></del>				☐ Chang	e Addition
NAME				6.2 NA	NE					
STREET ADDRESS					REET ADDRESS					
CITY-ST-ZIP					Y-ST-ZIP					
14   hereby r	certify that the	information supplied wi	In this filing does not qualify f			n Section 119.07(3)(i).	Florida Statutes	further ce	rtify that	the information

Independent the information supplied with this tiling does not quality for the exemption stated in Section 119.01(2)(f), it would report as the first time 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 this 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:

Jan atelett

2/2/98

407 390 1762