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 # P93000043092 (4)

SPECTRUM VENTURES UNLIMITED, INC.

Principal Place of Business Mailing Address

FILED Apr 29 1998 8:00am Secretary of State



3101 S.W. 34TH AVE. SUITE 804 OCALA FL 34474-4432		3101 S.W. 34TH AVE. SUITE 804 OCALA FL 34474-4432				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/14/1993		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	-1	Applied For
21		26				59-3187835		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional
City & Stat		27 Ch. \$ Stells						e Required
23		City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip 29	Count 30	ry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
JONES, DENINIS W			8	81 Name				
176	17 N.E. 10TH STREET		82 Street Ad		Street Addre	ress (P.O. Box Number is Not Acceptable)		
OC	ALA FL 34470		-	1				
			8	3				
			8	1	City	FL	1	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 Florida. Such change was authorized by the corporation's board of directors, it hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	with the true to t	gallons of, decitor bor .cods	, i kinda Siatut	oą.				
	Signature, typed or printed name of registered a		NOTE: Registered A	gent	t signature require	ed when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	☐ DELETE	1.1 TITLE				Char	nge [_] Addition
NAME	JONES, DENNIS W		1.2 NAMI					
STREET ADDRESS	1767 N.E. 10TH STREET		1.3 STRE	•				,
CTTY-ST-ZIP TITLE	OCALA FL 34470 D	DELETE	1.4 CITY		ZIP		- AL-	
NAME	JONES, CECELIA A		2.1 TITLE 2.2 NAMI				Char	nge Addition
STREET ADDRESS	1767 N.E. 10TH STREET				200000			
CITY-ST-ZIP	OCALA FL 34470		2.3 STRE 2.4 CITY			. ?		
TITLE	OOADATE SHITE	DELETE	2.4 GHY 3.1 TITLE		-217		Char	nge Addition
NAME			3.2 NAME		1	•		igo La rounibri
STREET ADDRESS			3.3 STRE		DORESS			
CITY-ST-ZIP			3 4. CITY					
TITLE		☐ DELETE	41 TITLE				Char	ge Addition
NAME			4. 2 NAM	E	1			
STREET ADDRESS			4.3 STREE	ET AC	DDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-	ZIP			
TITLE		☐ DELETE	5.1 TITLE				Char	ge Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ET AL	DDRESS			
CITY-ST-ZIP			5.4 CITY		ZIP			
TITLE		☐ DELETE	6.1 TITLE				Chan	ge Addition
NAME			6.2 NAME					[
STREET ADDRESS			6.3 STREE	TAC	DORESS			ļ
CITY-ST-ZIP			6.4 CITY-	ST-	ZIP			

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 of the receipt of trustee employeed 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 an attachmen with an address.