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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000049336 (9)

SPECTRUM REALTY GROUP, INC.

1500 N.W. 49TH ST. SUITE 500 FORT LAUDERDALE FL 33309		1500 N.W. 49TH ST. Suite 500 Fort Lauderdale Fl. 33309-3700		Date Incorporated or Qualified	<b>3a.</b> Da	ate of Last R	eport		
						07/14/1993	04/	02/1996	Ť
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	Ap	plied For
21		26				65-0425181		No	t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	7			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State		City & State			· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing     Trust Fund Contribution		\$5.00 Added (	
Zıp 24	25 29 30			try	Florida Statutes Yes No				
9. Name and Address of Current Registered Agent					No ex e	10. Name and Address of New Re	gistered .	Agent	
BOYLE, CONRAD J				31	Name				
500 E. BROWARD BLVD. SUITE 1950				į	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
FOR	IT LAUDERDALE FL 33394		\ <b>8</b>	13					
				丄	City		FL		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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE									
	Signature, typed or printed name or registerio			Agent	t signature require	od when reinstating)	DATE		
12.	OFFICERS VP	AND DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFIC	ERS AND		S IN 12
TITLE	CHYNOWETH, DALE	☐ DELETE	1 1 TITL					Change	L] Audiovii
NAME	1500 NW 49TH STREET #	KAA	1.2 NAM						l
STREET ADDRESS	FT LAUDERDALE FL	,vv			ADDRESS				
CITY - ST - ZIP				1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition
NAME	THE DOLODES H		1	2.2 NAME				_ •	
STREET ADDRESS	1500 NW 49TH ST		2.3 STRI	2.3 STREET ADDRESS		•	•		
CITY-SI-ZIP	ET LAUDEDDALE EL			2. 4 CITY - ST - ZIP					
TITLE	S DELETE 3.1							☐ Change	Addition
NAME	Keenan, Bill		3.2 NAM	1E					
STREET ADDRESS	1500 NW 49TH ST #500		3.3 STRI	EET A	NDDRESS				
CITY-ST-ZIP				y-ST	T-ZIP				
TITLE		[_] DELETE	4.1 TiTL	E				Change	Addition
NAME			4. 2 NA	ΜE					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CITY	,	- ZIP		·	Change	Addition
TITLE		ריין הנדנונ	5 1 TITL					CHOUGE	L.J Addiddii
NAME	 		5.2 NAN		LODDICC.				
STREET ADDRESS	1				ADDRESS				
CITY - S1 - ZIP TITLE		DELETE	5.4 CITY 6.1 TITL		- LIF			☐ Change	Addition
NAME			6.2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 CITY						

SIGNATURE:

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 open attachment with an address.

**FILED** 

Jan 16 1997 8:00am

Secretary of State