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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000049336 (9) DOCUMENT #

SPECTRUM REALTY GROUP, INC.

## Principal Place of Business Mailing Address 1500 N.W. 49TH ST. 1500 N.W. 49TH ST. SUITE 500 SUITE 500 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business 2a. Mailing Address

## **FILED** Feb 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1993 4. FEI Number Applied For 65-0425181 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaigh Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation dwes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BOYLE, CONRAD J 500 E. BROWARD BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 1950** FORT LAUDERDALE FL 33394 83 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. 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 of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE Addition TITLE CHYNOWETH, DALE 1.2 NAME NAME 1500 NW 49TH STREET #500 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL City - ST - ZIP 1.4 City - ST - ZiP DELETE Addition Change TIT) F 2.1 TITLE HALL, DOLORES M NAME 2.2 NAME 1500 NW 49TH ST 2.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE 3.1 TITLE Change Addition TITLE KEENAN, BILL NAME 3.2 NAME 1500 NW 49TH ST #500 STREET ADDRESS 3.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 3.4, C/TY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 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: