FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000075011 (5)**

1. Corporate Name

SPECTRUM MARKETING OF CENTRAL FLORIDA, INC.

Principal Place of Business

104 BRANDYWINE LANE
LONGWOOD FL 32779
US

Mailing Address

P. O. BOX 915895
LONGWOOD FL 32791-5895
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/28/1993**

3a. Date of Last Report: **08/11/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-3207674** — Applied For / Not Applicable

Name of Agent — 22

Name of Agent — 27

5. Certificate of Status Desired — **$8.75** Additional Fee Required

Title of Officer — 23

Title of Officer — 28

6. Election Campaign Financing Trust Fund Candidates — **$5.00** May Be Added to Fees

24 — 25 — 29 — 30

8. The corporation is a travel agency as defined in Section 559.927(3), Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LABRET, STEVEN M
501 N. MAGNOLIA AVE.
SUITE A
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.1622, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The undersigned corporation has been dissolved or has lost its right to transact business in Florida pursuant to the provisions of Section 607.1422 or 607.1423, Florida Statutes.

SIGNATURE(S)

12. Officer and Director Name(s) and Address(es)

P
KORKKI, EDWIN L.
104 BRANDYWINE LANE
LONGWOOD FL
VST
KORKKI, BARBARA
104 BRANDYWINE LANE
LONGWOOD FL

13. Additional Officer(s) and/or Director(s) and Address(es)

14. To the best of my knowledge, the information contained herein is true and accurate and I am aware that any false information submitted in a document to the Department of State pursuant to Chapter 607, Florida Statutes, constitutes a felony of the third degree punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes. I am executing this document in accordance with Section 607.0120(7), Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: Edwin L. Korkki — 4-28-95 — 407-788-1820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Telephone Number

0416539 FP