

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000057849 (9)

1. Corporation Name

SPECTRUM CAPITAL, INC.



Principal Place of Business

Mailing Address

2071 S.W. 70TH AVE.
BUILDING G21
DAVIE FL 33317

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BUILDING G21
DAVIE FL 33317

3. Date Incorporated or Qualified

08/04/1994

3a. Date of Last Report

11/08/1995

2. Principal Place of Business

21 ~~P.O. Box 291141~~ N/A

2a. Mailing Address

26 P.O. Box 291141

4. FEI Number

65-0507782

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

23 City & State
Davie FL

27 City & State
Davie, FL

24 Zip 33329-1141 25 Country USA

29 Zip 33329-1141 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUZMAN, FREDERICK A
3711 STARBOARD AVE.
COOPER CITY FL 33026

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 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 the filer, if applicable.

(Note: Registered Agent signature required when transferring.)

Date:

12. OFFICERS AND DIRECTORS

TITLE D
NAME GUZMAN, FREDERICK A
STREET ADDRESS 3711 STARBOARD AVE.
CITY-ST-ZIP COOPER CITY FL 33026

☐ DELETE

TITLE D
NAME ORLINSLEY, MARK A
STREET ADDRESS 8491 N. LAKE DASHA DR.
CITY-ST-ZIP PLANTATION FL 33324

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Orlinsky Director

8/6/96

1-954-476-0594

CR2E034 (3/96)