FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

6-19-95 B-73697-0

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 PM 2:03

DOCUMENT # P94000070857 (5)

1. Corporation Name

SPECTRUM TECHNOLOGIES INTERNATIONAL INC.

Principal Place of Business	Mailing Address
PO BOX 5531 WINTER PARK FL 32793	PO BOX 5531 WINTER PARK FL 32793

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 535 Interlachen Ave.	26 535 Interlachen Ave.
Suite, Apt. #, etc. 22 Apt. # 203	Suite, Apt. #, etc. 27 Apt. # 203
City & State 23 Winter Park, Fl	City & State 28 Winter Park, Fl
Zip / County 24 32789 / 25 U.S.A.	Zip / County 29 32789 / 30 U.S.A.

4. FEI Number: 59-3272205 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCKENZIE, FREDERIC PHD 7426 KEY COLONY AVE, 2218 WINTER PARK FL 32792	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman of the Board &CEO	11 TITLE	☐ Change ☐ Addition
NAME	Robert Bruce Hearn	12 NAME	
STREET ADDRESS	535 Interlachen Ave. #203	13 STREET ADDRESS	
CITY-ST-ZIP	Winter Park, Fl 32789	14 CITY-ST-ZIP	
TITLE	President	21 TITLE	☐ Change ☐ Addition
NAME	Dr. Rick McKenzie	22 NAME	
STREET ADDRESS	P.O. Box 5531	23 STREET ADDRESS	
CITY-ST-ZIP	Winter Park, Fl 32793	24 CITY-ST-ZIP	
TITLE	Vice President-Operations	31 TITLE	☐ Change ☐ Addition
NAME	Howard Taylor	32 NAME	
STREET ADDRESS	2499 Old Lake Mary Blvd., #124	33 STREET ADDRESS	
CITY-ST-ZIP	Sanford, Fl 32771	34 CITY-ST-ZIP	
TITLE	Secretary	41 TITLE	☐ Change ☐ Addition
NAME	Kirk Chin	42 NAME	
STREET ADDRESS	2499 Old Lake Mary Blvd., #124	43 STREET ADDRESS	
CITY-ST-ZIP	Sanford, Fl 32771	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: X R. Bruce Hearn R. BRUCE HEARN 6/12/95 (407)629-6098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0416732 FP