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FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000000971 (8)

1. Corporation Name

SPECTOR DEVELOPMENT, INC.



Principal Place of Business

1101 BRICKELL AVE SUITE 1400
MIAMI FL 33131

Mailing Address

% LOEB.BLOCK.WACKSMAN & SELZER, LLP
505 PARK AVENUE, 9TH FLOOR
NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1995

4. FEI Number

65-0564055

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21. SHAPO, FREEDMAN & BLOOM

Suite, Apt. #, etc.

22. 200 SOUTH BISCAYNE, STE. 4750

23. MIAMI, FLORIDA

Zip

Country

24. 33131

25.

2a. Mailing Address

26. Loeb, Block & Partners LLP

Suite, Apt. #, etc.

27. 505 Park Avenue 9th Floor

City & State

28. New York, NY

Zip

29. 10022

Country

30.

9. Name and Address of Current Registered Agent

BLOOM, LEONARD H
1101 BRICKELL AVE SUITE 1400
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name

SOUTH FLORIDA RESIDENT AGENTS, INC.

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

First Union Finance Center

83.

Suite 4750, 200 South Biscayne Boulevard

84. City

Miami

FL

85. Zip Code

33131

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 607.0506, Florida Statutes.

SIGNATURE

Leonard H. Bloom

LEONARD H. BLOOM, V/S

4/15/98

Signature of the person making the change (if not the registered agent, then the president or a director)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BERKE, HOWARD
STREET ADDRESS 505 PARK AVENUE, 9TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022

TITLE DS
NAME WACKSMAN, JEFFREY E
STREET ADDRESS 505 PARK AVENUE, 9TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(j), 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:

Howard Berke

Howard Berke, President

305-354-4440

CR2E034 (10/97)