

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000036535 (9)

1. Corporation Name

INNER SPECTRA, INC.

Principal Place of Business

7420 S. OCEAN DR., C-211
JENSEN BEACH FL 34957

Mailing Address

7420 S. OCEAN DR., C-211
JENSEN BEACH FL 34957



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/05/1995

3a. Date of Last Report

4. FEI Number

65-0578128

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

10. Name and Address of New Registered Agent

SCHWARTZ, VERNA S
7420 S. OCEAN DR., C-211
JENSEN BEACH FL 34957

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 607.1505, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Verna S. Schwartz Verna S. Schwartz 5/29/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME *President*

STREET ADDRESS *Verna S. Schwartz*

CITY-ST-ZIP *7420 S. Ocean Dr. C-211*

Jensen Beach FL 34957

TITLE ☐ DELETE

NAME *Secretary*

STREET ADDRESS *Verna S. Schwartz*

CITY-ST-ZIP *7420 S. Ocean Dr.*

Jensen Beach.

TITLE ☐ DELETE

NAME *ALL OFFICERS ARE HELD*

STREET ADDRESS *BY MYSELF*

CITY-ST-ZIP *Verna S. Schwartz*

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

No changes made.

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44 CITY-ST-ZIP

SIGNATURE:

Verna S. Schwartz VERNA S. Schwartz 5-14-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

By the Officer

CR2E034 (12/95)