

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000064223 (6)**

1. Corporation Name

SPECTRUM DESIGN & CONSULTING INTERNATIONAL, INC.



Principal Place of Business C/O 1218 EAST ROBINSON STREET ORLANDO FL 32801	Mailing Address C/O 1218 EAST ROBINSON STREET ORLANDO FL 32801
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2. Principal Place of Business 21 6239 EDGEWATER DR. #E10 Suite, Apt. #, etc.		2a. Mailing Address 26 6239 EDGEWATER DR. #E10 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/31/1996	3a. Date of Last Report
22		27		4. FEI Number 59-3402234	Applied For Not Applicable
23 ORLANDO, FL. 32810 City & State		28 ORLANDO, FL. 32810 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 32810 Zip	25 ORANGE Country	29 32810 Zip	30 ORANGE Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent MCDONALD, ROGER L 1218 EAST ROBINSON STREET ORLANDO FL 32801				10. Name and Address of New Registered Agent	
				81 Name MAHENDRA JOSHI	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83 1232 TIMBERLAND TR.	
				84 City ALTAMONTE SPRINGS FL	85 Zip Code 32714

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 *M. Mahendra Joshi* **2/13/97**
(Signature typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOURNIER, DONALD J JR			1.2 NAME	FOURNIER, DONALD		
STREET ADDRESS	C/O 1218 EAST ROBINSON STREET			1.3 STREET ADDRESS	868 CAREW AVE.		
CITY-ST-ZIP	ORLANDO FL 32801			1.4 CITY-ST-ZIP	ORLANDO, FL. 32804		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOSHI, MICHAEL L			2.2 NAME	JOSHI, (MICHAEL) MAHENDRA		
STREET ADDRESS	C/O 1218 EAST ROBINSON STREET			2.3 STREET ADDRESS	1232 TIMBERLAND TR.		
CITY-ST-ZIP	ORLANDO FL 32801			2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32714		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	VP, S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	HENRY, RODNEY		
STREET ADDRESS				3.3 STREET ADDRESS	6239 EDGEWATER DR. # E10		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	ORLANDO, FL. 32801		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	TESTER, MARVIN		
STREET ADDRESS				4.3 STREET ADDRESS	7420 VERANDA DR.		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	WAXHAW, N.C. 28173		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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: *M. Mahendra Joshi* **2/13/97 (407) 290-9503**

CP2E034 (9/96)