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May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION-  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000080920 (7)  
1. Corporation Name  
SPECTRUM INTERNATIONAL MORTGAGE SERVICE, INC.



Principal Place of Business  
435 DOUGLAS AVE  
#1905-C  
ALTAMONTE SPRINGS FL 32714

Mailing Address  
435 DOUGLAS AVE  
#1905-C  
ALTAMONTE SPRINGS FL 32714-2574

3. Date Incorporated or Qualified 09/24/1996	3a. Date of Last Report
4. FEI Number 59-3408374	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 435 Douglas Ave Suite Apt. #, etc. 22 #1905-B City & State 23 Altamonte Springs FL Zip 24 32714	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 25 USA 30
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9. Name and Address of Current Registered Agent COHEN, ROBERT C 301 S. MILWEE STREET LONGWOOD FL 32750	10. Name and Address of New Registered Agent 81 Name Kimberly M. Woodburn 82 Street Address (P.O. Box Number is Not Acceptable) 435 Douglas Ave 83 Suite <del>1905</del> 1905-B 84 City Altamonte Springs FL 85 Zip Code 32714
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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: *Kimberly M. Woodburn* Kimberly M. Woodburn, VP 4-30-97  
Signature of officer 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	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	2709 ALAMOSA COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL 32703	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	2709 ALAMOSA COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL 32703	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	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: *Kimberly M. Woodburn* Kimberly M. Woodburn 4078698830  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)