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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Principal Place of Business

P97000050994 (7)

Mailing Address

SPECTRUM ASSOCIATES INTERNATIONAL, INC.

1927 NE 6TH ST. DEERFIELD BEACH FL 33441		1927 NE 6TH ST. DEERFIELD BEACH FL 33441		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/09/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	,	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζ <sub>1</sub> ρ	Country 30	This corporation owes or has paid the of Personal Property Tax due June 30.	current year Intangible Yes
24]	9. Name and Address of Curren		30]	10. Name and Address of New Flegistere	
PΛ	BBINS, ROBERT G		81 Name		
	27 NE 6TH ST.		82 Street Ad	dreps (P.O. Box Number is Not Acceptable)	
	ERFIELD BEACH FL 33441		02 3(188) Ad	dies (F.O. Box Number is Not Acceptable)	
			83		
			84 City	F	L 85 Zip Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such ch <b>ange wa</b> s	s authorized by the corpor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE	Robbes G. Robb	birs			
40	Signature, typed or printed name of registered ag	ent and title if applicable (NO ID DIRECTORS	OTF: Registered Agent signature req	pulred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
12. TITLE	DRIESI DRAT	DELETE	1.1 TITLE	ABBITTONS/CHANGES TO OFFICERS A	Change Addition
NAME		<del>-</del> -	1.2 NAME		_ , _
STREET ADDRESS	ROBBLE & ROBBINS		1.3 STREET ADDRESS		
CiTY-ST-ZIP	PERSONALISED BEACH,	PL 33441	1.4 CITY-ST-ZIP		
TITLE		DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CHTY-ST-ZEP	<u> </u>	DELETE	2. 4 CHY-ST-ZIP		Change Addition
TITLE		רין מברבוב	3.1 TITLE		☐ Change ☐ Addition
NAME Street Address			3 2 NAME 3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME		•	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	•	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	a	
CITY-ST-ZIP		Nei che	5.4 CITY-ST-ZIP	20, et a 1859	Change Ladder
TITLE		☐ DELETE	6.1 TITLE	t	Change Addition
NAME			6.2 NAME	$_{0}Q$ , $\alpha$	
STREET ADDRESS			6.3 STREET ADDRESS	ζυ.	
CITY-ST-ZIP			■ 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)(i). Florida Statutes. I further certify that the information indicated on this armual 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.