Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90160 034 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9700065198

1. Corporation Name

SPECTRUM COST CONTAINMENT SYSTEMS, INC.

| Principal P ace of Business Mailing Address | | | | | | (ABSISES HE CALL INDIN DELL BRILL B |
|---|-------------------------------|--------------|--------------------|------------------------------|---|--|
| 2112 VANCE AVE PALM HARBOR FL 34683 2112 VANCE AVE PALM HARBOR FL 34683 | | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | 3. Date Incorporated or Qualified 07/25/1997 |
| Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number Applied For |
| 21 26 | | | | | | 59-3460072 Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired 5. Serviced 5. Service |
| 27 | | | | | | T de recipiled |
| City & State City & State | | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| 7in | Zip Courtry Zip Cou | | Coun | tny | | |
| Zip | 25 Z5 | 29 | 30 | v, y | | 8. This corporation owes the current year intangible Person al Property Tax. Yes |
| 24 | 9. Name and Address of Curren | | 1301 | | | 10. Name and Address of New Registers d Agent |
| | | | | 81 | Name | |
| FLANDERS, CHARLES P 2112 VANCE AVE | | | 82 | Street Ad | kidress (P.O. Bo) Number is Not Acceptable) | |
| D. 1.1.1 1.1. D. C. D. T. 1.1.1.1 | | | - | 83 | | |
| | | | | | | |
| | | | 1 | 84 | City | FL 85 Zip Code |
| 11. Pursuant to the provisions of Suctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 approximent as registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUF:E Signature, typed or printed has no of registered agent and title if applicable. (NOT 2: Registered Agent signature required when reinstating) DATE | | | | | | |
| 12. | | DIRECTORS | 13. | go | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | | | 1.1 TITL | E | | ☐ Change ☐ Addition |
| NAME | FLANDERS, CHARLES P | | 1.2 NAN | 1.2 NAME | | |
| STREET ADDRESS 2112 VANCE AVE | | | 1.3 STREET ADDRESS | | ADDRESS | |
| CITY-ST-ZIP PALM HARBOR FL 34683 | | | 1.4 CITY-ST- | | r-ziP | |
| TITLE | PCEO | DELÉTE 2.1 T | | E | | ☐ Change ☐ Addition |
| NAME | , Danberto, Terreo. | | 2.2 NAN | | | |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST-ZIP | | | 2. 4 CIT | | T- ZIP | ☐ Change ☐ Addition |
| TITLE | ST | ☐ DELETE | 3.1 TITLE | | | Change Addition |
| NAME | DOLDO, DEDOLUTIO | | 3.2 NAN | | | |
| STREET ADDRESS | 1202 110 1210 1110 | | | | TADDRESS | |
| CITY-ST-ZIP | NEW PT RICHEY FL 34655 | □ DELETE | 3.4. CITY-9 | | T-ZIP | ☐ Change ☐ Addition |
| TITLE | | | 4.2 NAME | | | |
| NAME | ··· | | | | ADDRESS | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | | | | 4.4 CITY-ST-ZIP 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | had www.ft | 5.2 NAM | | | |
| STREET ADDRESS | | | 5.3 STR | EET | T ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CIT | | | |
| TITLE | | | 6.1 TITL | _ | | ☐ Change ☐ Addition |

14. Herety 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 chapter, or on an attact ment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Teresa m. Elanders

01/12/99