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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000083479

1. Corporation Name

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SPECTRUM INVESTMENTS INTERNATIONAL, INC.

Principal Place	e of Business	Mailing Address			11 18185 trivi 81811 18516 1811 1881
25400 US 19 N		25400 US 19 N., STE, 210 CLEARWATER FL 33763			
J CESTITION OF THE STATE OF THE	. 2 00,00			DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed	
				08/15/1997	
2. Principal P	lace of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
21		26		APPLIED FOR	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	8	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year I	
24	25	29 3	0	Personal Property Tax.	☐ Yes 🔼 No
	9. Name and Address of Current	10. Name and Address of New Registere	d Agent		
1 447	A ADMANDO E		81 Name		
MIZIO, ARMANDO F			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
25400 US 19 N., STE. 210					
CLEA	ARWATER FL 33763		83		
			84 City		. 85 Zip Code
			OH City	F	L   3   2   5   5
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was autl	horized by the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered ointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agent		egistered Agent signature required		AND DIDECTORS IN 12
12.	OFFICERS AND	D DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	D ADMANDO				
NAME	MIZIO, ARMANDO		1.2 NAME		
STREET ADDRESS	1480 GULF BLD., UNIT 609	•	1.3 STREET ADDRESS		
CITY-ST-ZIP	SAND KEY BEACH FL 33767	□ oc ctc	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	2.1 Ππ.Ε		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		· ☐ Change · · ☐ Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME I			4. 2 NAME		

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 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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

Armando F. Mizio Deresident

05/01/99

(727) 736-4321

☐ Change

Change

May 10, 1999 8:00 am Secretary of State

05-10-1999 90204 013 \*\*\*150.00

☐ Addition

☐ Addition