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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19, 1999 8:00 am
Secretary of State

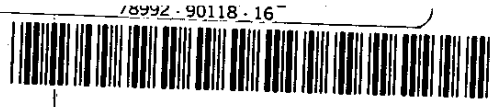
02-19-1999 90118 016 ***150.00

DOCUMENT # P97000087708

Corporation Name
SPECTRUM INFORMATION SERVICES, INC.

Principal Place of Business
LAKE CANDLEWOOD COURT
MIAMI LAKES FL 33014

Mailing Address
14440 LAKE CANDLEWOOD COURT
MIAMI LAKES FL 33014



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

City, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Zip

Country

9. Name and Address of Current Registered Agent

DIAZ, JESUS C
14440 LAKE CANDLEWOOD COURT
MIAMI LAKES FL 33014

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

I, the undersigned, being a resident qualified person, do hereby certify that the information furnished on this form is true and accurate. I am aware that this form is a part of the public record and that I am liable for the information furnished.

Signature

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PSD
DIAZ, JESUS C
14440 LAKE CANDLEWOOD COURT
MIAMI LAKES FL 33014

DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

DELETE

DELETE

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

I 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 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99

305-556-3552

CR2E034 (11/98)