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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000027537

1. Corporation Name

THE SPECTRUM MONEY MANAGEMENT GROUP, INC.

Principal Place of Business

6821 MAUNA LOA BLVD.
SARASOTA FL 34241

Mailing Address

6821 MAUNA LOA BLVD.
SARASOTA FL 34241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1998

4. FEI Number

65 0822635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 4411 BEE RIDGE Rd

Suite, Apt. #, etc.

22 UNIT 257

City & State

23 SARASOTA, FL

Zip

24 34233

Country

25 SARASOTA

2a. Mailing Address

26 4411 Bee Ridge Rd

Suite, Apt. #, etc.

27 UNIT 257

City & State

28 SARASOTA, FL

Zip

29 34233

Country

30 SARASOTA

9. Name and Address of Current Registered Agent

WEIDMAN, STALEY A
6821 MAUNA LOA BLVD.
SARASOTA FL 34241

10. Name and Address of New Registered Agent

81 Name

STALEY WEIDMAN

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

3434 DUNCAN AVE

83

84 City

SARASOTA

FL

85 Zip Code

34233

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 STALEY WEIDMAN

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

(NOTE: Registered Agent signature required when changing.)

DATE

1/13/99

12. OFFICERS AND DIRECTORS

TITLE Pres. STALEY WEIDMAN ☒ DELETE
NAME
STREET ADDRESS 6821 MAUNA LOA BLVD
CITY-ST-ZIP SARASOTA, FL 34241

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres. - VICE ☐ Change ☒ Addition
1.2 NAME Fenton Gilbert
1.3 STREET ADDRESS 8705 S. TAMiami Tr. #67
1.4 CITY-ST-ZIP SARASOTA, FL. 34238

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)