PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE 4

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 000 99857

1. Corporation Name
SPECTYCUM RADIO SYSTEMS 1.

## FILED Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90020 049 \*\*\*150.00

Principal Place of Business Mailing Address		-	
· · ·			
SAVERSOM, FL 34241			
		DO NOT WRITE IN THIS SPACE	
340,		3. Date Incorporated or Qualified  1 DEC. 1998	
2. Principal Place of Business 2a. Mailing Address	n .1 1	4. FEI Number	Applied For
21 SAA 26	SAA	650990931	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
27		o. Controdic di Cidico Dosino	Fee Required
City & State City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		Trust Fund Contribution	_Added.to Fees
Zip Country Zip	Country	8. This corporation owes the current year Ir	ntangible ☐ Yes ☐ No
	30	Personal Property Tax.  10. Name and Address of New Registered	_=
Name and Address of Current Registered Agent	81 Name	TV. Name and Address of New Registered	1 Agent
WYATT S. BISHOP	O Name		
	82 Street Addre	ss (P.O. Box Number is Not Acceptable)	
5153 THUMCAMI TRAIL	83		
SIR MEROM FL	••		
5153 THEMMERMI TRAIL SHRASOM, FL 34241	84 City	FI	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes	a the chart named corns		
fice or registered agent, or both, in the State of Florida, Such change was au	thorized by the corporation	n's board of directors. I hereby accept the appo	ointment as registered
agent. I am familiar with and accept the obligations of, Section 607.0505, Flori	da Statutes.		
SIGNATURE WYW Signature, typed or printed name of registered agent and title if applicable. (NOTE: F	Registered Agent signature required	when reinstating) DATE	
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
	1.1 TITLE		☐ Change ☐ Addition
NAME WYATT SIBISHUP	1.2 NAME		
STREET ADDRESS 5153 Tucum can TRL	1 3 STREET ADDRESS		
CITY-ST-ZIP SARASUTA, FL 34241	1.4 CITY-ST-ZIP		
TITLE DELETE	2.1 TITLE		Change Addition
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
	2. 4 CITY-ST-ZIP		
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	4,2 NAME		Į.
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		-
CITY-ST-ZIP	5.4 CfTY-ST-ZIP		
TITLE DELETE	6.1 TITLE		Change Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY-ST-ZIP		
<u></u>			

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: /

SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLINE 3, 1994 941/921-50

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