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

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90128 014 ***150.00

DOCUMENT # P98000102967

SPECTRUM INTERNET NETWORKIN	IG, INC.
Principal Place of Business	Mailing Address
150 NORTH FEDERAL HIGHWAY STE. 210 FT. LAUDERDALE FL 33301	150 NORTH FEDERAL HIGHWAY STE. 210 FT. LAUDERDALE FL 33301
2. Principal Place of Business 21 150 N Federal Hull	2a. Mailing Address 26 150 N Federal
Suite, Apt. #, etc. 22 S(1) 14 230	Suite, Apt. #, etc.
City & State	City & State

DΩ	NOT	WRITE	IN 1	THIS	SPAC
U	1101	AALALIE	11.4	11110	31 AC

3. Date Incorporated or Qualifed

				12/10/1998	
2. Principal Pl	ace of Business	2a. Mailing Address	1 ,	4. FEI Number	Applied For
1150 N	1 federal 1tuly	26 150 N to	deral	Applied tor	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	50	5. Certificate of Status Desired	\$8.75 Additional
2 Sult	2 2 3 0	<u> </u>			
City & State	udetale	28 ft Lander	dale	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Into	angible
a FL	25 45	29 3330 3	5 VS	Personal Property Tax.	☐ Yes KNo
<u>·1, · </u>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
			81 Name	JOSED LABEN	,
SNEL	l, dorothy		92 Steed A	ddress (P.O. Box Number is Not Acceptable)	
2122	ARDENWOOD DRIVE		82 Street A	17 NE 3rd St.	
SPRIN	IGHILL FL 34609		83	700	
			St. L	auderdALe FL	85 Zip Code 3330)
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named co	orporation submits this statement for the purpose of	changing its registered
office or r	egistered agent, or both, in the State of m familiar with, and agcept the obligation	i Florida. Such change was auti	ionzed by the corbor	ration's board of directors. I hereby accept the appoin	minerit as registered
		IN THE		(-20	-99
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature req	quired when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PT T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SNELL, KEITH D JR.		1.2 NAME		ļ
	2122 ARDENWOOD DRIVE		1.3 STREET ADDRESS		
Į.	SPRINGHILL FL 34609		1.4 CITY+ST-ZIP		
CITY-ST-ZIP_ TITLE	VS	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KAREN, JESSE F	_	2.2 NAME		,
	150 TENNIS COURT		2.3 STREET ADORESS		1
	WALL TOWNSHIP NJ 07719		2.4 CITY-ST-ZIP		
CITY-ST-ZIP	WALL TOWNSHIP NO 07/19	☐ DELETE	3.1 TITLE		Change Addition
TITLE	·	_, 0	3.2 NAME		
NAME			1		Į
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		↑ Change
TITLE			·	•	3
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		C DELCTE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELÊTE	5.1 TITLE		□ Auguste □ Magagai
NAME			5.2 NAME		}
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ł
City-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby	certify that the information supplied with	this filing does not qualify for t	he exemption stated	in Section 119.07(3)(i), Florida Statutes. I further cer	tify 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 coporation 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 chapted, or on any attachment with an address, with all other like empowered.

SIGNATURE: