FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

STREET ADDRESS

SIGNATURE:

DIVIDION OF CORPORATIONS

	996	<u> </u>						
DOCUN 1. Corporation	MENT # V1131	1 (0)						
SPECTR	UM SYSTEM TECHNOLOG	3IES, INC.				ILDI GIBII BIBII BIBLI	6(8)) 1 (11)	. OADE (88)
Principal Place	of Business	Mailing Address				(181 BIBIN A181) A181)		· BIBIL SPB)
2701 ROCKY P		2701 ROCKY POINT DR.						
SUITE 980	OIN1 Un.	SUITE 980						
TAMPA FL 336	07	TAMPA FL 33607			3. Date Incorporated or Qualified	3a. Date of t		ort
					02/04/1992 4. FEI Number	04/07	//1995	olied For
2. Principal Pla	ce of Business	2a. Mailing Address			59-3104104		<u> </u>	t Applicable
Suite, Apt. #	oto	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$		Additional
2 Suite, Apr. #	, etc.	27			5. Certificate of Status Decireo		Fee Re	<u></u>
City & State		City & State			6. Election Campaign Financing		\$5.00 Added t	
3		28	T Count		Trust Fund Contribution 8. This corporation has liability for			
Zip	Country	Zip	Countr 30	у	Florida Statutes Ye	s No		
4	9. Name and Address of Curre	29 ant Registered Agent	130		10. Name and Address of New	Registered Age	ent	
	9. Name and Address of Current Registered Agont							
HALEY, STEPHEN C.				2 Street Addr	ess (P.O. Box Number is Not Accepta	ible)		
2701 ROCKY POINTE DRIVE								
TAMPA FL 33807			8	3				
Mail VIE 4444				4 City		FL	B5 Zipi	Code
					ention authorite this statement for the n		ina its rec	aistered office
11. Pursuant t	o the provisions of Sections 607.056 ed agent, or both, in the State of Fig.	02 and 607.1508, Florida Statuti orida. Such change was authoriz	es, the above ed by the co	rporation's boar	ation submits this statement for the p rd of directors. I hereby accept the ap	pointment as rec	gistered a	igent. I am
familiar wit	ed agent, or both, in the State of Fic th, and accept the obligations of, Se	ction 607.0505, Florida Statutes	.					
SIGNATURE .	Signature, typed or printed name of registered ag-	ent and title if annicable (NK	TE: Ragistered A	gent signature require	d when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		Change	S IN 12
TITLE	D	☐ DELETE	1. 1 TITU			ш,	онапус	L.J. NOUNION
NAME	HALEY, STEVE		4.5.414.1	ıc i				
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			1.3 STR	EET ADDRESS				
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 64 CITY - ST - ZIP

TORE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

513 28/-2000 Daytime Phone #

4/22/96