## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

FILED

Aug 01 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V11311

(0)

SPECTRUM SYSTEM TECHNOLOGIES, INC.

Principal Place	to of Business	Mailing Address							
2701 ROCKY POINT DR. SUITE 980		2701 ROCKY POINT DR	2701 ROCKY POINT DR.						
TAMPA FL 33607		SUITE 980 TAMPA FL 33607				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	1		•
5 Dringing D	N 1 F1 - 1	Ta. L. W. T. L.				02/04/1992	04/2	29/1996	
2. Principal Pl	Place of Business	2a. Mailing Address				4. FE! Number			applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	····			59-3104104			lot Applicable Additional
22 City & State		City & State				Certificate of Status Desired		Fee R	Required
23	ci	28				6. Election Campaign Financing Trust Fund Contribution	П		May Be I to Fees
Zip	Country	Zip	Coun	ntry		This corporation owes or has p	paid the curre		<del></del>
24	26 29		30			Personal Property Tax due Jur	ne 30.	Yes [	□ No
114	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New F	egistered Ag	ent	
	ALEY, STEPHEN C. 01 ROCKY POINTE DRIVE								
	MPA FL 33607		[8	82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
71	WELL I P AND I		ī	83					
			1	84	City		<b>E</b> 1	<b>85</b> Zip	Code
11. Pursuant 1	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	utes, the abi	ove-r	named corpo	oration submits this statement for the	purpose of cl	hanging i	its registered
agent. Lar	registered agent, or both, in the Sta im familiar with, and accept the obl	ite of Florida. Such change was ligations of, Section 607.0505, F	- <b>a</b> uthorizeo Horida Statu	by ti ites.	he corporation	on's board of directors. I hereby acco	ept the appoir	itment as	s registered
SIGNATURE	<del></del>								
12.	Signature, typed or printed name of registered a	agent and title if applicable (NO NDD DIRECTORS	DTE: Registered A	Agent	signature require	ADDITIONS (CHANGES TO OFF	DATE ICEDS AND D	PEOTO	20 81 40
TITLE	D	DELETE	13. 1.1 107U	F		ADDITIONS/CHANGES TO OFF		Change	Addition
NAME	HALEY, STEVE			1.2 NAME				J •	
STREET ADDRESS	2 ADALIA AVE #807		1.3 STREET ADDRESS		ODRESS				
CITY-ST-ZIP	TAMPA FL	1.4 City	Y - \$1 - 7	7IP					
TITLE	D DANGE	2.1 1111.0					Change	Addition	
NAME	WILLMS, DAVE	ı	2.2 NAME						
STREET ADDRESS	3907 NORTHAMPTON WAY TAMPA FL		2.3 STREET ADDRESS		1				
CITY-ST-ZIP TITLE	IAMEN FL	DELETE	2. 4 CITY - S1 - ZIP 3.1 TITLE					Change	Addition
NAME	İ		3.2 NAM				_	] Olloufic	L.J Availion
STREET ADDRESS	ı		3.3 STRE		DORESS				
CITY-ST-ZIP			3.4. C(1)						
TITLE		4 1 1111				Ĺ	Change	Addition	
NAME			4. 2 NAM	ME					
STREET ADDRESS			4.3 STRE	EET AD	DDRESS				
CITY-ST-ZIP		Detrac	4.4 CITY		ZIP			T	
TITLE		L_ DELFTE	5.1 101.6				L	J Change	☐ Addition
NAME STREET ADDRESS			5.2 NAM		20100				
CITY-ST-ZIP			5.3 STRE						
TITLE		☐ DELF1E	5.4 CITY 6.1 TITLE		ZIP			Change	☐ Addition
NAME			6.2 NAM		-			,	<b>—</b> ,
STREET ADORESS			6.3 STRE		DIFFESS				
CITY-ST-ZIP			6.4 CITY	( - ST - Z	zie				
Intormatior	n indicated on this annual report of fficer or director of the corporation i	r supplemental annual report is t or the receiver or trustee empov	true and act wered to exc	ccura:	itc and that n e this report	in Section 119.07(3)(i), Florida Statut my signature shall have the same log as required by Chapter 607, Florida	al effect as if : Statutes; and	made un	ider oath: that