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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

FULL	MENT # V265 SPECTRUM, INC.	574 (6)	,				
Principal Place	of Business	Maling Address			ANK OIDI OIDII BIL	(I FIFE	
23 B COOLIDGE AVE. ORMOND BEACH FL 32174		23 B COOLIDGE AVE. ORMOND BEACH FL 32174					
				3. Date incorporated or Qualified 04/06/1992	3a. Date o	Last (2/21/	
2. Principal Pa	ace of Business	2a. Mailing Address 26		4. FEI Number Applied Applied		Applied For Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired			5 Additional Required
Oity & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.0	00 May Be ed to Fees
Zg) ?4	Country 25	Ζιρ 29	Country 30	8. This corporation has liability for Florida Statutes Yes	intangible tax ı		
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New F		ent	
7040	IOUNI O		81 Name	•			
	John S. Coolidge avenue		82 Street Add	dress (P.O. Box Number is Not Acceptate	ole)		
	ND BEACH FL 32174		63				
0.4.0	NO DENOTTE CENT						
			84 City		F=1	85 Z	ip Code
 Pursuant ti or registere familiar wit 	o the provisions of Sections 607,050 ed agent, or both, in the State of Fio or, and accept the obligations of Sec	02 and 607.1508, Florida Statu orida Such change was author ction 607.0505, Florida Statute	rtes, the above named corporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the app	FL rpose of chang ointment as rec	ging its gistered	registered office d agent. I am
SIGNATURE	Stuncture, typed or printed name of registered aga	on and the if applicable ()	IO"E Registered Agent signature require	oration submits this statement for the pulard of directors. I hereby accept the appoint when reinstaling) ADDITIONS/CHANGES TO ORE	rpose of chang ointment as reg		
CICNIATUDE	Stuncture, typed or printed name of registered aga				rpose of chang continent as re-	IRECTO	DRS IN 12
SIGNATURE.	OFFICERS AIDP TRAIL, JOHN S.	of and file if applicable (ND DIRECTORS	IO't Registered Agent signature require	ed when reinstaling)	rpose of chang continent as re-		·
SIGNATURE 12. IITLE NAME	OFFICERS AIDP TRAIL, JOHN S. 142 LAURIE DR.	of and file if applicable (ND DIRECTORS	13. 1.1 TITLE	ed when reinstaling)	rpose of chang continent as re-	IRECTO	DRS IN 12
SIGNATURE 12. ITUF NAME STHEET ADDRESS DITY-ST-ZIP	OFFICERS AT DP TRAIL, JOHN S. 142 LAURIE DR. ORMOND BEACH FL	ent and this it applicable p NO DIRECTORS DELETE	IO't Progistered Agent signature require 13. 1.1 TITLE 1.2 NAME	ed when reinstaling)	rpose of chang continent as re-	IRECTO	DRS IN 12
SIGNATURE 12. ITHE NAME SIMEST ADDRESS CHY-SI-ZIP TILE	OFFICERS AT DP TRAIL, JOHN S. 142 LAURIE DR. ORMOND BEACH FL.	of and file if applicable (ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 SIRRET ADDRESS	ed when reinstaling)	rpose of chang ointment as re- DATE ICERS AND DI	IRECTO	DRS IN 12
SIGNATURE 12. II'UF NAME STREET ADDRESS CITY-S1-ZIP TILE VAME	OFFICERS AIDP TRAIL, JOHN S. 142 LAURIE DR. ORMOND BEACH FL DV TRAIL, BARBARA E.	ent and this it applicable p NO DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP 2.1 TITLE 2.2 NAME	ed when reinstaling)	rpose of chang ointment as re- DATE ICERS AND DI	IRECTO Change	DRS IN 12
SIGNATURE 12. 10'UF NAME STHEET ADDRESS DITY-ST-ZIP THEE JAME STHEET ADDRESS	OFFICERS AT DP TRAIL, JOHN S. 142 LAURIE DR. ORMOND BEACH FL DV TRAIL, BARBARA E. 142 LAURIE DR.	ent and this it applicable p NO DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ed when reinstaling)	rpose of chang ointment as re- DATE ICERS AND DI	IRECTO Change	DRS IN 12
SIGNATURE 12. ITTE NAME STREET ADDRESS CITY-ST-ZIP TILE JAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AIDP TRAIL, JOHN S. 142 LAURIE DR. ORMOND BEACH FL DV TRAIL, BARBARA E.	ent and this it applicable p NO DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ed when reinstaling)	rpose of chang ointment as rec DATE ICERS AND D	IRECTO Change Change	DRS IN 12 Addition Addition
SIGNATURE 12. II'UF NAME SIMEST ADDRESS DITY-ST-ZIP TITLE TIAME STREET ADDRESS DITY-ST-ZIP HITCE	OFFICERS AIDP TRAIL, JOHN S. 142 LAURIE DR. ORMOND BEACH FL DV TRAIL, BARBARA E. 142 LAURIE DR. ORMOND BEACH FL DTS TRAIL, JEFFREY A.	ent and this if application. DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ed when reinstaling)	rpose of chang ointment as rec DATE ICERS AND D	IRECTO Change	DRS IN 12
SIGNATURE 12. II'UF NAME SIMEST ADDRESS DITY-ST-ZIP TILLE VAME STREET ADDRESS DITY-ST-ZIP UTUE VAME VAME	OFFICERS AIDP TRAIL, JOHN S. 142 LAURIE DR. ORMOND BEACH FL DV TRAIL, BARBARA E. 142 LAURIE DR. ORMOND BEACH FL DTS TRAIL, JEFFREY A. 142 LAURIE DR.	ent and this if application. DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 1 TITLE	ed when reinstaling)	rpose of chang ointment as rec DATE ICERS AND D	IRECTO Change Change	DRS IN 12 Addition Addition
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SIGNATURE:

ail JOHN S. TRAIL (PACS) 3-6-96 904673792