SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 28 PM 1:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V37686** **(5)**

1. Corporation Name

SPECTRACOM, INC.

Principal Place of Business	Mailing Address
363 PRESTWICK CIRCLE SUITE 3 PALM BEACH GARDENS FL 33418 US	363 PRESTWICK CRICLE SUITE 2 PALM BEACH GARDENS FL 33418 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1992
3a. Date of Last Report: 08/12/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22: SUITE 2
Suite, Apt. #, etc — 27

City & State — 23
City & State — 28

Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0333459 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FEARRINGTON, WILLA A.
515 NORTH FLAGLER DRIVE, SUITE 601
WEST PALM BEACH FL 33401-4321

10. Name and Address of New Registered Agent

61 Name: ROBERT W. PEARCE
62 Street Address (P.O. Box Number is Not Acceptable): 363-2 PRESTWICK CIRCLE
63
64 City: PALM BEACH GARDENS FL 65 Zip Code: 33418

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert W. Pearce, Robert W. Pearce President — DATE: 7-17-95
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITION, CHANGE OR DELETION OF OFFICERS AND DIRECTORS	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	PEARCE, ROBERT W.	12 NAME	
STREET ADDRESS	363 PRESTWICK CIRCLE, SUITE 2	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	FEARRINGTON, WILLA	22 NAME	
STREET ADDRESS	515 N. FLAGLER DR.#601	23 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE: Robert W. Pearce Robert W. Pearce 7-17-95 407-625-3654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001405 CP