

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
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90126 031 *****8.75

05-03-1999 90126 032 ***150.00

DOCUMENT # V37686

1. Corporation Name
SPECTRACOM, INC.

Principal Place of Business
363 PRESTWICK CIRCLE
STE 2
PALM BEACH GARDENS FL 33418
US

Mailing Address
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

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21. 170 CELESTIAL WAY

Suite, Apt. #, etc.

22. #3-4

City & State

23. JUNO BEACH, FL

Zip

24. 33408

Country

25. USA

2a. Mailing Address

26. 170 CELESTIAL WAY

Suite, Apt. #, etc.

27. #3-4

City & State

28. JUNO BEACH, FL

Zip

29. 33408

Country

30. USA

9. Name and Address of Current Registered Agent

PEARCE, ROBERT
363-2 PRESTWICK CIRCLE
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

170 CELESTIAL WAY, #3-4

83.

84. City

JUNO BEACH

FL

85. Zip Code

33408

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

4/26/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PDST

NAME PEARCE, ROBERT W.

STREET ADDRESS 363 PRESTWICK CIRCLE, SUITE 2

CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

170 CELESTIAL WAY, #3-4

JUNO BEACH, FL 33408

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Robert W. Pearce

ROBERT W. PEARCE

4/26/99

Date

561-625-3654

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

0325991