FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V42330

(3)

SPECTRUM REALTY, INC.

FILED
Apr 15 1997 8:00am
Secretary of State



Principal Place of Business		Mailing Address				A 1881) Still fille (1888 title Sail State Bratt				
1772 PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952 US		1772 PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952 US								
						3. Date Incorporated or Qualified 06/08/1992	3a. Date of 04/29/11		port	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			plied For	
21		26				65-0338086 Not Applicable				
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	Section \$8.75 Additional Fee Required			
City & State		City & State	9			6. Election Campaign Financing	9	5.00	May Be	
23		28				Trust Fund Contribution				
Zip Country		Zip Country			!	8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29 30				Florida Statutes Yes No					
<u></u>	9. Name and Address of Curren	t Registered Agen	l			10. Name and Address of New Re	gistered Ager	it		
PRO\	O, DAVID			81	Name					
1772 SE PORT ST. LUCIE BLVD.					Street Add	Iress (P.O. Box Number is Not Acceptab	le)			
POR1	ST. LUCIE FL 34952						····			
				83						
				84	City		8	Zip C	Code	
				[- 7		FL	,		
11. Pursuant office or r agent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Fid of Florida Such ch ations of, Section 60	orida Statutes, ange was auth 17.0505. Florid	the abov horized by la Statute	e-named corp the corpora s.	poration submits this statement for the pation's board of directors. I hereby acception	urpose of cha of the appointr	nging its nent as	registered registered	
SIGNATURE							DATE			
4.5	Signature, typod or pricing name of registered ago OFFICERS AN		(NOTE: R	egistered Ag 13.	ent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE		ECTOR	S IN 12	
12.	OFFICERS ANI		DELETE	1.1 TITLE		ADDITIONS OF A TOP OF THE		Change	Addition	
TILE	PROVO, DAVID	نـــا	D'ELE /E	1.2 NAME					_	
NAME	3145 SE MONTE VISTE CT.				ADDRESS					
STHEET ADDRESS	PT ST LUCIE FL 34952									
City ST-ZiP	VP		DELETE	1.4 CITY-1 2.1 TITLE	51 · ZIP			Change	Addition	
111LE	••	L	DELLITE					onungo	Las Harrier	
NAME	PROVO, DAVID 3154 SE MONTE VISTA COURT	-		2.2 NAME						
STREET ADDRESS	PORT ST. LUCIE FL.			2.3 STREET	1					
CITY - ST - ZIP	PURI SI. LUCIE FL		DELETE	2. 4 CiTY - 3.1 TITLE	ST-ZIP			Change	Addition	
TITLE		U	DELLIE					Ond go		
NAME:				3.2 NAME						
STREET ADDRESS					ADDRES\$					
CiTY - ST - ZiP			DCLETC	3.4. CITY -	ST-ZIP		П	Change	Addition	
TITLE		L	DELETE	4.1 TITLE			لــا	unanya	ריים אינים אינים	
NAME				4, 2 NAME						
STREET ADDRESS					T ADDRESS					
CITY - ST - ZIP				4.4 CITY	ST-ZiP			Channa	Additon	
1071.6		Ц	DELETE	5.1 TITLE			L	Change	Addition	
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	T ADDRESS					
City - St - ZIF				5.4 CiTY-	ST - ZIP					
TILLE			DELETE	61 TITLE				Change	Addition	
NAME				62 NAME						
STREET ADDRESS				63 STREE	T ADDRESS					
CITY-SI-ZIF				6.4 CITY-	ST-ZIP					

14. I do 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, prior an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97 561-337-5509