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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(3)

SPECTRUM REALTY, INC.

Secretary of State

85

Zip Code

FILED

Feb 25 1998 8:00am

					1984 WILDIN MARKA AIRDIN MINDR AILH WELL WILL WILL WELL WELL WILL WILL WILL			
Principal Place	of Business	Mailing Address						
1772 PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952 US		1772 PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952 US				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 06/08/1992	102	
Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Applied For	
1		26				65-0338086	Not Applicable	
Suite, Apt. :	W, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & Star	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 4	Country 25	Zıp 29	30	Country 30		8. This corporation owes or has paid the curre Personal Property Tax due June 30.	nt year Intangible Yes	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
1772 SE DUDT ST. LLICIE BLVD				81	Name	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)			

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.

63 В4

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition PROVO, DAVID NAME 1.2 NAME 3145 SE MONTE VISTE CT. STREET ADDRESS 1.3 STREET ADDRESS PT ST LUCIE FL 34952 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition PROVO, DAVID NAME 2.2 NAME 3154 SE MONTE VISTA COURT STREET ADDRESS 2.3 STREET ADDRESS PORT ST. LUCIE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETÉ TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 THILE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change ___ Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETÉ Addition TITLE 6.1 TITLE ☐ Change NAME 6.2 NAME STREET ADDRESS **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.

2-19-90