

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997
FLORIDA DEPARTMENT OF STATE
Sandra B. Morthem Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003726

1. Corporation Name

CONVERSIONS SPECIALTIES, INC.

Principal Place of Business: 3000 S. COURSE DR. BLDG. 17 - APT. 201 POMPANO BEACH, FL 33069
Mailing Address: 130 OLD OAK RD. McMURRAY, PA 15317

3. Date Incorporated or Qualified: 9-8-93
3a. Date of Last Report: 5/96

2. Principal Place of Business 2a. Mailing Address

21 3000 S. COURSE DR. BLDG. 17 Suite, Apt. #, etc. 26 130 OLD OAK RD. Suite, Apt. #, etc.

22 APT. 201 City & State 27 City & State

23 POMPANO BEACH FL 28 McMURRAY, PA City & State

24 33069 25 USA 29 15317 30 USA Zip Country

4. FEI Number: 25-1721879 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

9. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

MARTIN J. RAGAN
3000 SOUTH COURSE DR. - BLDG. 17, APT 201
POMPANO BEACH, FL 33069

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PRESIDENT
NAME: JOHN J. SHUTLEY, SR. DELETE
STREET ADDRESS: 114 MARLEWOOD DR.
CITY - ST - ZIP: BEAVER, PA 15009

TITLE: SECRETARY
NAME: JOHN J. SHUTLEY, JR. DELETE
STREET ADDRESS: 130 HILBORN DR.
CITY - ST - ZIP: MOON TWP, PA 15108

TITLE: TREASURER
NAME: MARTIN J. RAGAN DELETE
STREET ADDRESS: 3000 SOUTH COURSE DR.
CITY - ST - ZIP: POMPANO BEACH, FL 33069

TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY - ST - ZIP: DELETE

TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY - ST - ZIP: DELETE

TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY - ST - ZIP: DELETE

1.1 TITLE
1.2 NAME Change Addition
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME Change Addition
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME Change Addition
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME Change Addition
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME Change Addition
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME Change Addition
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
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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 199.07(3)(k), 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: Martin J. Ragan MARTIN J. RAGAN, Treas 4/14/97 (954) 974-6836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #