

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

FILED

**Feb 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002410 (5)
 1. Corporation Name
SPECIALTY PARTNERS, INC.



Principal Place of Business PO BOX 410 ST. AUGUSTINE FL 32085-0410	Mailing Address PO BOX 410 ST. AUGUSTINE FL 32085-0410
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip 25 Country	29 Zip 30 Country

3. Date incorporated or Qualified
05/06/1997

4. FEI Number **59-2902265** 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **85** Zip Code **FL**

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

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	THORNE, RICHARD A	
STREET ADDRESS	1750 TREE BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32088	
TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	PUENTE, ENRIQUE A	
STREET ADDRESS	1750 TREE BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32088	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PATRICK, FRANK	
STREET ADDRESS	1750 TREE BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32088	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, CLARENCE	
STREET ADDRESS	1750 TREE BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32088	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	OISTACHER, DENNIS	
STREET ADDRESS	1750 TREE BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32088	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Asst Secretary
6.3 STREET ADDRESS	THOMAS B WAGERS
6.4 CITY-ST-ZIP	1750 TREE BLVD ST. AUGUSTINE FL 32086

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Thomas B. Wagers* **Thomas B. Wagers** *2/3/98* **904/825-2005**

CR2E034 (10/97)