

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

002179

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90213 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F97000002410
 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
--	--



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 05/06/1997	4. FEI Number 59-2902265	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 **FL** 85 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 _____ 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 32086	
TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	PUENTE, ENRIQUE A	
STREET ADDRESS	1750 TREE BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PATRICK, FRANK	
STREET ADDRESS	1750 TREE BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, CLARENCE	
STREET ADDRESS	1750 TREE BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	OISTACHER, DENNIS	
STREET ADDRESS	1750 TREE BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WAGERS, THOMAS B	
STREET ADDRESS	1750 TREE BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	

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 type="checkbox"/> 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: Thomas B. Wagers **THOMAS B. WAGERS** 4/28/99 904-825-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)