

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K06985 (1)
1. Corporation Name
SPECIALTY MANAGEMENT COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **220 CONGRESS PARK DRIVE, SUITE 220 DELRAY BEACH FL 33445**
Mailing Address: **220 CONGRESS PARK DRIVE, SUITE 220 DELRAY BEACH FL 33445**

3. Date incorporated or Qualified: **12/10/1987**
3a. Date of Last Report: **11/02/1995**
4. FEI Number: **65-0019633**
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 has liability for intangible tax under s. 190.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc: **Suite 130**
22. City & State: **Delray Beach FL**
23. Zip: **33445**
24. Country: **USA**
2a. Mailing Address
25. Suite, Apt. #, etc: **Suite 130**
26. City & State: **Delray Beach FL**
27. Zip: **33445**
28. Country: **USA**

9. Name and Address of Current Registered Agent
**ZELLER, RONALD J, ESO
220 CONGRESS PARK DRIVE, SUITE 200
72 SE 6TH AVENUE
DELRAY BEACH FL 33445**
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: **FL** 85. Zip Code

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 and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Ronald J. Zeller* 7/30/96
Signature of Registered Agent (Signature must be printed when recording)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: ZELLER, RONALD J.	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 220 CONGRESS PARK DR 200	CITY-ST-ZIP: DELRAY BEACH FL 33445	1.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: T	NAME: BARRETT, RITA	1.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 220 CONGRESS PARK DR 200	CITY-ST-ZIP: DELRAY BEACH FL 33445	1.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: V	NAME: WANNER, RANDALL T.	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 220 CONGRESS PARK DR 200	CITY-ST-ZIP: DELRAY BEACH FL 33445	2.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: AS	NAME: ZELLER, SUZANNE	2.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 220 CONGRESS PARK DR 200	CITY-ST-ZIP: DELRAY BEACH FL 33445	2.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: AS	NAME: LYNCH, MARJORIE P	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 220 CONGRESS PARK DRIVE, SUITE 200	CITY-ST-ZIP: DELRAY BEACH FL 33445	3.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: S	NAME: ZELLER, LUCILLE BELL	3.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 220 CONGRESS PARK DRIVE, SUITE 200	CITY-ST-ZIP: DELRAY BEACH FL 33445	3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		4.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		4.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		5.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		5.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		6.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		6.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

SECRETARY / TREASURER Change Addition
A. Alar 8-6-96

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 119.07(5)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ronald J. Zeller, President* 7/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)