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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000029823 (7)

1. Corporation Name
SPECIALTY GROUP, INC.

Principal Place of Business
1890 SEMORAN BLVD. STE 285
WINTER PARK FL 32792

Mailing Address
1890 SEMORAN BLVD. STE 285
WINTER PARK FL 32792-2285



3. Date Incorporated or Qualified 04/04/1996
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

26 P.O. Box 4658

4. FEL Number 59-3379493
Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State

28 Winter Park, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

Country

32792-4658

US

8. 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

DULIN, RAMSEY
201 E. PINE STREET STE 1402
ORLANDO FL 32801

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

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

1.1 TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME KAISER, JEFFREY A
STREET ADDRESS 1890 SEMORAN BLVD. STE 285
CITY - ST - ZIP WINTER PARK FL 32792

1.2 NAME KAISER, JEFFREY A

1.3 STREET ADDRESS

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1.4 CITY - ST - ZIP

2.1 TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.2 NAME

2.3 STREET ADDRESS

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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3.1 TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

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4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

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4.4 CITY - ST - ZIP

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5.1 TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.2 NAME

5.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

6.1 TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.2 NAME

6.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)