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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F9600003726 1. Corporation Name

CONVERSIONS Specialties, Inc

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90071 015 ***158.75

•					
Principal Place of Business	Mailing Address	4 = 0 7	-		
5830 Clouds Towe	- COURT S830 Clou	ids Tome Count			
1830 Clouds Tome Court 1830 Clouds Tome Cour NADles, Fl 34119 NADles, Fl 34119			DO NOT WRITE IN THIS SPACE		
jumples, F1 3 /11 /	,,,,		3. Date Incorporated or Qualified	76	
2. Principal Place of Business ¥	2a. Mailing Address		4. FEI Number		Applied For
<u></u>	26		25-1721879	<u> </u>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	V +=	5 Additional
2		<u> </u>	J. Certificate of Status Desired	Fee	Required
City & State	City & State	.*	Election Campaign Financing Trust Fund Contribution	1 1	00 May Be ed to Fees
Zip Country	Zip 29 36	Country	This corporation owes the curr Personal Property Tax.	ent year Intangible	□No
25 Name and Address of	f Current Registered Agent	<u> </u>	10. Name and Address of New I		
		81 Name			
RAGAN, MARTI	U 21.				
5830 Clouds To	we Court		ess (P.O. Box Number is Not Accepta		
Naples, F1 34	119	83			
, - , - , - , - , - , - , - , - , - , -		84 City		F , 85 Z	ip Code
11. Pursuant to the provisions of Sections				_ <u> FL </u>	
SIGNATURE Signature: typed for printed name of	ERS AND DIRECTORS	egistered Agent signature required	when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND DIREC	TORS IN 12
TITLE 12	☐ DELETE	1.1 TITLE		Chan	ge 🔲 Addition
NAME Shutey, Jo STREET ADDRESS 569 Wedge u CITY-ST-ZIP NAPLES, FI	KN I SR	1.2 NAME		•	
STREET ADDRESS (Q) Je doe	load WAY	1.3 STREET ADDRESS			
CITY-ST-ZIP NADLES, FI	34/19	1.4 CITY-ST-ZIP			
		2.1 TITLE		☐ Chan	ge 🗌 Additio
NAME Shutey, Joh, STREET ADDRESS 130 Heldon	NJJR	2.2 NAME			
STREET ADDRESS 130 Héldon	Drive	2.3 STREET ADDRESS			
CITY-ST-ZIP-M-OON-T-OWNS	ship JA 15.106	2-4 CITY-ST-ZIP			
TITLE TO A LOCAL TO A	DELETE	3.1 TITLE		Chan	ge
NAME RAGAD, MAN STREET ADDRESS 5830 Clouds	Time Covat	3.2 NAME			
STREET ADDRESS 13 8 30 C 10 0 0 3	21110	3.3 STREET ADDRESS			
CITY-ST-ZIP MAGIES, FI	<u>34114</u> □ DELETE	3.4. CITY-ST-ZIP			ge 🔲 Additio
TITLE	□ betele	4.1 TITLE			ge (
NAME		4.2 NAME			
STREET ADDRESS CITY-ST-ZIP		4.3 STREET ADDRESS			
	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Chan	ge
TITLE		5.2 NAME		_ 3.04	
NAME		5.3 STREET ADDRESS			
STREET ADDRESS		5.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	☐ DELETE	6.1 TITLE		Chan	ge 🗌 Additio
NAME		6.2 NAME		_	
		6.3 STREET ADDRESS			
STREET ADDRESS		17			
CITY OF TIP	l l	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 own attachment with all address, with all other like empowered.

SIGNATURE: