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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 412379

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

2. Principal Place of Business

HEINMAN, CARL

2520 HANSROB ROAD ORI ANDO EL 32804

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

SPEC-TEC SALES, INC.

Mailing Address Principal Place of Business 2520 HANSROB ROAD 2520 HANSROB ROAD ORLANDO FL 32804 ORLANDO FL 32804

26

27

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29

Zip

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90182 025 ***150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

11/07/1972

59-1422959

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

4. FEI Number

			100									(
			84	City		-	 		FL.	85	Zip Co	de
office or r	to the provisions of Sections 607.0502 and 607.1508, Flor egistered agent, or both, in the State of Florida. Such char rn familiar with, and accept the obligations of, Section 607.	nge was authorize	d by i	the corpo	corporation sub ration's board	mits this of directo	statemen	t for the purpo by accept the	ose of c appoint	hangin ment a	j its re s regis	gistered tered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Projetero	d Agen	evinature re	quired when reinsta	ino\		DA	TE.			<u> </u>
12.	OFFICERS AND DIRECTORS 13.			- Orginaturo re-			HANGES	TO OFFICE	RS AND	DIRE	CTOR	S IN 12
TITLE		DELETE 1.1 T								Cha	nge	Addition
NAME	HEINMAN, CARL	1.2 N	IAME	-	HEIN	. NAN	CAR	<u>.</u>		•		}
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CITY-ST-ZIP	ORLANDO FL	1,4 0	HTY-S1	-ZIP	ORLAI			32804		_		
TITLE		DELETE 2.1 T	TTLE							Cha	nge	Addition
NAME	HEINMAN, CARL	2.2 N	IAME									Į
STREET ADDRESS	2520 HANSROB ROAD	2.3 \$	TREET	ADDRESS								
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CITY-ST-ZIP		3.4.0	CITY-S	T-ZIP	ORLAI	NDO_	FL	32804				
TITLE		DELETE 4.1 T	TILE		ST					☐ Cha	nge	Addition)
NAME		4.21	NAME	1	WATS	ON,	BEVE	RLY				ļ
STREET ADDRESS		4.3 \$	TREET	ADDRESS	2520	HAN	SROB	ROAD				ſ
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CITY-ST-ZIP			XTY-SI	-ZIP								
TITLE			ITLE	ļ						Cha	nge	☐ Addition
NAME			IAME	ĺ								(
STREET ADDRESS		6.3 5	TREET	ADDRESS								Í
CITY-ST-ZIP		6.4 (TY-S	r-ZIP								

Country

30

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.

CR2E034 (11/98)