

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 NOV 21 PM 4: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 463637
1. Corporation Name

Milton Specter Inc.

Principal Place of Business Mailing Address
2945 S Military Trail 435 Allwood Road
W Palm Bch, FL 33415- Clifton, NJ 07012
9233

3. Date Incorporated or Qualified 11/25/1974
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied for
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1564061	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

Mace, Al
19 W. Coconut Dr.
Lake Worth, FL 33467

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Al Mace* (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	Ling, Donald C	1.2 NAME	
STREET ADDRESS	444 Valley Way	1.3 STREET ADDRESS	
CITY-ST-ZIP	Bricktown, NJ	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	Clifford B Finkle Jr	2.2 NAME	
STREET ADDRESS	435 Allwood Rd	2.3 STREET ADDRESS	
CITY-ST-ZIP	Clifton, NJ 07012	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	
NAME	Ann D'Antonio	4.2 NAME	
STREET ADDRESS	435 Allwood Rd	4.3 STREET ADDRESS	
CITY-ST-ZIP	Clifton, NJ 07012	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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: *Ann D'Antonio* 11-17-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)