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

14. Thereby certify that the information supplied with this filing indicated on this annual report or supplemental annual report or director of the corporation or the receiver or treat Block 12 or Block 13 if changed, or on an atlagment of the corporation.

Jan 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)SPECIFICS, INC. Principal Place of Business Mailing Address 230 ELLAMAR ROAD 230 ELLAMAR ROAD WEST PALM BCH FL 33405 WEST PALM BCH FL 33405 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1980 2a, Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-1977353 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ELHILOW, VINCE A 230 ELLAMAR ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **WEST PALM BEACH FL 33405** 83 City 84 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 little if applicable (NOTE: Registered Agont signature required whon reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE 11 11116 Change **EUHILOW, VINCE A** NAME 1.2 NAME 230 ELLAMAR ROAD STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BCH, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 2.1 TITLE TITLE ELHILOW, MARY JO 22 NAME NAME 230 ELLAMAR ROAD 2.3 STREET ADDRESS STREET ADDRESS WEST PALM BCH, FL 00000 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 4 1 TITLE Change Addition NAME 4 2 NAME STREET AODRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE THUE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

pplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information plemental 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 rithe receiver or truese empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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