

FILED

Apr 21 1998 8:00am  
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F **F96000003726**  
 1. Corporation Name  
**CONVERSION SPECIALTIES, INC.**

Principal Place of Business <b>5830 CLOUDSTONE COURT NAPLES, FL 34119</b>	Mailing Address <b>SAME</b>
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3. Date Incorporated or Qualified <b>9-8-93</b>	3a. Date of Last Report <b>5/97</b>
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2. Principal Place of Business 21 <b>5830 CLOUDSTONE COURT</b>	2a. Mailing Address 26 <b>SAME</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>NAPLES, FL</b>	28 City & State
24 <b>34119</b>	29 <b>USA</b>
25 Country	30 Country

4. FEI Number <b>25-1721879</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MARTIN J RAGAN**  
**5830 CLOUDSTONE COURT**  
**NAPLES, FL 34119**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 agree to the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Martin J Ragan Treasurer* **4/15/98**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME <b>PRESIDENT</b> <b>JOHN J SHUTEY, SR</b> STREET ADDRESS <b>132 SPRING LAKE CIRCLE</b> CITY - ST - ZIP <b>NAPLES, FL 34119</b>	<input type="checkbox"/> DELETE
TITLE NAME <b>SECRETARY</b> <b>JOHN J. SHUTEY, JR</b> STREET ADDRESS <b>130 HILDON DR.</b> CITY - ST - ZIP <b>MOON TWP PA 15109</b>	<input type="checkbox"/> DELETE
TITLE NAME <b>TREASURER</b> <b>MARTIN J. RAGAN</b> STREET ADDRESS <b>5830 CLOUDSTONE COURT</b> CITY - ST - ZIP <b>NAPLES, FL 34119</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>000002495076</b>
5.3 STREET ADDRESS	<b>-04/22/98--01011--005</b>
5.4 CITY - ST - ZIP	<b>***158.75</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>4-21</b>
6.3 STREET ADDRESS	<b>NR</b>
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 do not 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: *Martin J Ragan Treasurer* **4/15/98** **(941) 353-8439**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone \*

CR2E034 (9/96)