

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

FILED  
Feb 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000002410 (5)**

1. Corporation Name  
**SPECIALTY PARTNERS, INC.**

Principal Place of Business  
**PO BOX 410  
ST. AUGUSTINE FL 32085-0410**

Mailing Address  
**PO BOX 410  
ST. AUGUSTINE FL 32085-0410**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date incorporated or Qualified</b> <b>05/06/1997</b>	
<b>21</b> Suite, Apt. #, etc.		<b>26</b> Suite, Apt. #, etc.		<b>4. FEI Number</b> <b>59-2902265</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b> City & State		<b>27</b> City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	Country	<b>28</b> Zip	Country	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>	<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		<b>81</b> Name	
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
		<b>83</b>	
		<b>84</b> City	<b>85</b> 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 title (signature)

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>C</b>	1.1 TITLE	
NAME	<b>THORNE, RICHARD A</b>	1.2 NAME	
STREET ADDRESS	<b>1750 TREE BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32086</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DCEO</b>	2.1 TITLE	
NAME	<b>PUENTE, ENRIQUE A</b>	2.2 NAME	
STREET ADDRESS	<b>1750 TREE BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32086</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	3.1 TITLE	
NAME	<b>PATRICK, FRANK</b>	3.2 NAME	
STREET ADDRESS	<b>1750 TREE BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32086</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b>	4.1 TITLE	
NAME	<b>SMITH, CLARENCE</b>	4.2 NAME	
STREET ADDRESS	<b>1750 TREE BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32086</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VST</b>	5.1 TITLE	
NAME	<b>OISTACHER, DENNIS</b>	5.2 NAME	
STREET ADDRESS	<b>1750 TREE BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32086</b>	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

*Thomas B. Wagers* **Thomas B. Wagers**

*2/3/98* **2/3/98** *904/825-2005*

CR2E034 (10/97)