

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H22565

(6)

1. Corporation Name

COMSPEQ INTERNATIONAL, INC.



Principal Place of Business

10451 GULF BLVD
TREASURE ISLAND FL 33706
US

Mailing Address

PO BOX 67008
TREASURE ISLAND FL 33736-7008
US

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

GREGORY, WILLIAM P.
715 SWANN AVENUE
TAMPA FL 33606

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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. The hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent in Charge)

(Signature of Agent or Agent in Charge)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSTD	[] DELETE
NAME	GUERRA, LISA E.	
STREET ADDRESS	10451 GULF BLVD.	
CITY-STATE-ZIP	TREASURE ISLAND FL	
TITLE	STD	[] DELETE
NAME	SMITH, DAVID H.	
STREET ADDRESS	10451 GULF BLVD.	
CITY-STATE-ZIP	TREASURE ISLAND FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	Controller/Treasurer	[] Change [x] Addition
2. NAME	10451 Gulf Blvd	
3. STREET ADDRESS	Treasure Island FL	
4. CITY-STATE-ZIP	FL 33706	[] Change [] Addition
5. TITLE		
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		[] Change [] Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		[] Change [] Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John P. Corley

2/27/96 813 367 6900

CR2E034 (12/95)