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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:34

DOCUMENT # J38101 (8)

1. Corporation Name  
FLORIDA SPECIALTIES, INC.

Principal Place of Business Mailing Address  
13855 SW 252ND ST PO BOX 901289  
P.O. BOX 1289 (HOMESTEAD, FL 33050) HOMESTEAD FL 33090-8289  
PRINCETON FL 33032 US  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/13/1986 3a. Date of Last Report 03/25/1994  
4. FEI Number 59-2733537 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent  
FRIEDRICH, DAVID J.  
27820 SW 160 AVE  
HOMESTEAD FL 33031

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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 *David Friedrich* Date 1/30/95  
NOTE: Registered Agent signature required when consulting

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME JOINER, JAMES B.  
STREET ADDRESS 29690 S.W. 183RD ST.  
CITY-ST-ZIP HOMESTEAD FL  
TITLE VD  
NAME LEE, LLOYD J.  
STREET ADDRESS 18644 S.W. 293RD TERR.  
CITY-ST-ZIP HOMESTEAD FL  
TITLE STD  
NAME GRAVES, KENNETH  
STREET ADDRESS 19370 S.W. 280TH ST.  
CITY-ST-ZIP HOMESTEAD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Benneth Graves* Date 2/4/95 (305) 218-5587  
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR  
Benneth Graves