

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J38101 (8)**

1. Corporation Name  
**FLORIDA SPECIALTIES, INC.**



Principal Place of Business: **13855 SW 252ND ST, P.O. BOX 1269 (HOMESTEAD, FL 33090), PRINCETON FL 33032 US**  
Mailing Address: **PO BOX 901289, HOMESTEAD FL 33090-8289 US**

3. Date Incorporated or Qualified: **10/13/1986**  
3a. Date of Last Report: **02/09/1995**  
4. FEI Number: **59-2733537**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent

**FRIEDRICHS, DAVID J.  
27820 SW 160 AVE  
HOMESTEAD FL 33031**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *David Friedrichs* Registered Agent Signature (Required when replacing) *Ken 18, 1996* DATE

12. OFFICERS AND DIRECTORS

TITLE	PO JOINER, JAMES B.	<input type="checkbox"/> DELETE
NAME	29690 S.W. 183RD ST.	
STREET ADDRESS	HOMESTEAD FL	
CITY-ST-ZIP		
TITLE	VO LEE, LLOYD J.	<input type="checkbox"/> DELETE
NAME	18644 S.W. 293RD TERR.	
STREET ADDRESS	HOMESTEAD FL	
CITY-ST-ZIP		
TITLE	STD GRAVES, KENNETH	<input type="checkbox"/> DELETE
NAME	19370 S.W. 280TH ST.	
STREET ADDRESS	HOMESTEAD FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	HAGAN, MARSHALL	
13 STREET ADDRESS	14540 S.W. 136th ST.	
14 CITY-ST-ZIP	MIAMI, FL	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 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 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth R. Graves* Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Kenneth R. Graves**  
DATE: **1/18/96** (305) 245-0579

CR2E034 (12/95)