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**Apr 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J38101 (8)
1. Corporation Name
FLORIDA SPECIALTIES, INC.



Principal Place of Business 13855 SW 252ND ST P.O. BOX 1289 (HOMESTEAD, FL 33090) PRINCETON FL 33032 US	Mailing Address PO BOX 901289 HOMESTEAD FL 33090-1289 US
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3. Date Incorporated or Qualified 10/13/1986	3a. Date of Last Report 01/26/1996
4. FEI Number 59-2733537	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. Country	29. Country
25.	30.

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 James B. Joiner, Jr.
82. Street Address (P.O. Box Number is Not Acceptable) 13855 S.W. 252 Street
83.
84. City Homestead,
85. Zip Code FL 33032

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: *James B. Joiner, Jr.* **James B. Joiner, Jr.** **1/16/97**

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	JOINER, JAMES B.
STREET ADDRESS	29690 S.W. 183RD ST. HOMESTEAD FL
CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	LEE, LLOYD J.
STREET ADDRESS	18644 S.W. 293RD TERR. HOMESTEAD FL
CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE
NAME	GRAVES, KENNETH
STREET ADDRESS	19370 S.W. 280TH ST. HOMESTEAD FL
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	HAGAN, MARSHALL
STREET ADDRESS	14540 S W 136TH STREET MIAMI 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

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lee, Kay
1.3 STREET ADDRESS	477 Bahia Ave., P.O. Box 2549 Key Largo, FL 33037
1.4 CITY - ST - ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hagan, Marshall
2.3 STREET ADDRESS	14540 S.W. 136th Street Miami, FL
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	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(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: *James B. Joiner, Jr.* **James B. Joiner, Jr.** **1/16/97** **(305) 245-1647**

CR2E034 (9/96)