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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

K59870 **DOCUMENT #**

(1)

CONSPEC SOUTH, INC.

Principal Place o	f Business	Mailing Address			
5403 WEST CR TAMPA FL 3365		5403 WEST CRENSHAW S TAMPA FL 33634-3008	ST.		
				3. Date Incorporated or Qualified 01/20/1989	08/04/1995
2. Principal Plac	ce of Business	2a. Mailing Address 26		4. FEI Number 59-2931259	Applied For Not Applicable
Suite, Apt #.	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	or intangible tax under s. 199.032,
]	25		30		es No
	g. Name and Address of Curr	ent Registered Agent	81 Name /	10. Name and Address of Nev	. /
			of Idame	CORGO PROLUCION DE PROCESO PROLUCIÓN DE PROCESO PROCES	PIC Alan
-GEORGE;			82 Street At	odress (P.O. Box Number is Not Accep	Linde
0100 1141	ST CRENSHAW ST.		83	DOY CHICLOUS	ZA/CO
TAMPA FI	E-59694				Is-1 3. O. d.
			84 City 2	RANDON	FL 85 Zio Code //
	607.05	00 and 00 / 1509 Florido Statutos			ourspee of changing its registered office
 Pursuant to or registere 	o the provisions of Sections 607.05 ad agent, or both, in the State of Fl	orida, Such change was a wirrized	d by the corporation's b	poration submits this statement for the loard of directors. Thereby accept the a	ppointment as registered agent. I am
familiar with	and accept the obligations of, S	Schon 607.0505, Florida Atriutes			1-22 541
SIGNATURE _	tredered	Dan/Joa	Er Bugisteren Agiont signature ex	a man will be a proposed the off	1-22 76
	Signature Typed or printed name of registered as		13.	ADDITIONS/CHANGES TO C	DEFICERS AND DIRECTORS IN 12
2.	PD	AND DIRECTORS DELETE	13.	ALIGHOUS STITUTES TO	Change Addition
ITLE	• =		1.2 NAME		
IAME	George, Alan 1007 Cherwood Ln		1,3 STREET ADDRESS		
STREET ADORESS	-TAMPA FL		1,4 CITY - SI - ZIP	REDUNDA F	L
CITY-ST-ZIP	SD	□ DELETE	2 1 TITLE		Change Addition
TITLE	GEORGE, PATRICIA		2.2 NAME	BRANDON F	
NAME	1007 CHERWOOD LN		2.3 STREET ADDRESS		
STREET ADDRESS	TAMPA FL		2.4 City-St-ZIP	BROWNOW E	<u></u>
CITY-ST-ZIP TITLE	(AWI A I L	☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		
TIFLE		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE		☐ Change ☐ Additio
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY - ST - ZIP			5.4 CITY - ST - ZIP		Change Additio
TITLE		☐ DELETE	6 1 TiTLE		
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY - ST - ZIP		n 1 og gradet i de la la de la constante de la	6 4 C-TY-ST-ZIP	life for the exemption stated in Section	119.07(3)(k), Florida Statutes, I further
	by certify that the information supplit the information indicated on this: I am an officer or director of the conflock 12 or Block 13 if changed,	ied with this filing is voluntarily furn annual report or supplemental anni orporation or the receiver or truster , or on an attachment with an addr	nished and does not qua ua' report is trug and ac e enipowedatas execut ress	lify for the exemption stated in Section courate and that my signature shalf have a this report as required by Chapter 60	119.07(3)(k), Florida Statutes. Florida the same legal effect as if made unity, Florida Statutes; and that my name of the same

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR