## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

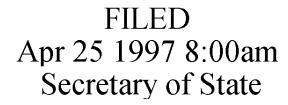
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K59870

(1)

CONSPEC SOUTH, INC.

•





| Principal Plac                                 | e of Business   | Mailing Address  |   | •                    |  | T  |  |               |   |  |
|--|---|--|---|----------------------|--|--|--|---------------|---|--|
| \$403 WEST CRENSHAW ST.<br>TAMPA FL 33634-3008 |   | 5403 WEST CRENSHAW S<br>TAMPA FL 33634-3006              | 5403 WEST CRENSHAW ST.<br>TAMPA FL 33634-3008 |                      |  |  |  |               |   |  |
|  |   |  |   |                      |  | 3. Date incorporated or Qualified 01/20/1989           | 3a. Date 04/16/  |               | eport                                   |  |
| 2. Principal F                                 | Place of Business   | 2a. Mailing Address                                      | 2a. Mailing Address                           |                      |  | 4. FEI Number Appli                                    |  |               | plied For                               |  |
| 21   |   | 26   |   |                      |  |  |  |               | t Applicable                            |  |
| Suite, Apt.                                    | #, etc.   | Suite, Apt. #, etc.                                      | <del>} -</del>                                |                      |  | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required   |               |   |  |
| 22<br>City & Stat                              | In .  | City & State   | City & State                                  |                      |  | A El El Guerria Elevativa                              |  |               |   |  |
| 23 City & Stat                                 | le  | <del></del>  | 28  |                      |  | 6. Election Campaign Financing Trust Fund Contribution | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |               |   |  |
| Zip  | Country   | Zip  |   |                      |  | 8. This corporation has liability for in               |  | · · · · · · · |   |  |
| 24   | 25  | 29   | 30  |                      |  | Florida Statutes                                       | Yes 🔲 I  |               | . ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| · · · · · · · · · · · · · · · · · · ·          | 9. Name and Address of Curr                                 | ent Registered Agent                                     |   | <u> </u>             |  | 10. Name and Address of New Reg                        | Istered Age  | ent .         |   |  |
| GEORGE, FREDERIC ALAN                          |   |  |   |                      | Name                                     |  |  |               |   |  |
| 1007   |   |  |   |                      | ress (P.O. Box Number is Not Acceptable) |  |  |               |   |  |
| BRA  | NDON FL 33511   |  |   |                      |  |  |  |               |   |  |
|  |   |  |   | 83                   |  |  |  |               |   |  |
|  |   |  |   | 84                   | City                                     |  | <b>-</b> ,   | 35 Zip (      | Code                                    |  |
|  |   | too too Fi to O  |   |                      | <u>.</u>                                 | poration submits this statement for the pr             | FL   |               |   |  |
| SIGNATURE  12.  Title                          | Signature, typod or printed name of registered a OFFICERS A | agent and title If applicable (NO<br>ND DIRECTORS DELETE | 13.<br>1.1 Ti                                 |                      | signature requi                          | rod when reinstating)  ADDITIONS/CHANGES TO OFFIC      |  | IRECTOF       | RS IN 12                                |  |
| NAME   | GEORGE, ALAN  |  | 1.2 NA  |                      |  |  | L-40   |               |   |  |
| STREET ADDRESS                                 | 1007 CHERWOOD LN  |  |   |                      | DORESS                                   |  |  |               |   |  |
| CITY-ST-ZIP                                    | BRANDON FL  |  | 1.4 CITY                                      |                      | ĺ  |  |  |               |   |  |
| TITLE  | SD  | ☐ DELETE   | 211   |                      |  |  |  | Change        | ☐ Addition                              |  |
| NAME   | GEORGE, PATRICIA  |  | 2.2 N   | AME                  |  |  |  |               |   |  |
| STREET ADDRESS                                 | 1007 CHERWOOD LN  |  | 2.3 \$  | 2.3 STREET ADDRESS   |  |  |  |               |   |  |
| CITY-ST-ZIP                                    | BRANDON FL  |  |   | 2. 4 CITY - ST - ZIP |  |  |  | ·             |   |  |
| TITLE  |   | ☐ DELETE   |   | 3.1 TITLE            |  |  | L  | Change        | Addition                                |  |
| NAME   |   |  | 3.2 N   |                      |  |  |  |               |   |  |
| STREET ADDRESS                                 |   |  |   |                      | DDRESS                                   |  |  |               |   |  |
| CITY-ST-ZIP                                    | <u> </u>  | DELETE   | 3.4. (  | CITY-ST              | - ZIP                                    |  | · · · · · ·  | Change        | Addition                                |  |
| TITLE<br>NAME                                  |   | [] t/ctrit   | 4.17  |                      |  |  |  | Ottorigo      | L.J Nadilion                            |  |
|  |   |  |   |                      | DDRESS                                   |  |  |               |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP                  |   |  |   | ITY-ST-              |  |  |  |               |   |  |
| TITLE  |   | DELETE   | 5.1 T   |                      | 411                                      |  | L  | Change        | Addition                                |  |
| NAME   |   |  | 5.2 N   |                      |  |  |  |               |   |  |
| STREET ADDRESS                                 |   |  |   |                      | DDRESS                                   |  |  |               |   |  |
| CITY-ST-ZIP                                    |   |  |   | HTY-SI               |  |  |  |               |   |  |
| TITLE  | 120.11  | DELETE   | 611   | NLE                  |  |  |  | Change        | Addition                                |  |
| NAME   |   |  | 62 N  | IAME                 |  |  |  |               |   |  |
| STREET ADDRESS                                 |   |  | 6.3 S   | TREET A              | DDRESS                                   |  |  |               |   |  |
| CITY-ST-ZIP                                    | 1 -   |  | 6.4 C   | HTY-ST               | -712                                     |  |  |               |   |  |

14. Ido 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 eath; 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 18 changed, or on an accurate much an address.

1-21-91

(012)05C7(X) (