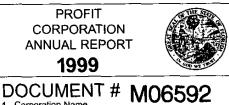
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name SPECOMP, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90009 004 ***150.00

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|---|------------------------------------|--|-------------|------------------------|----------|--|-----------|-------|--------------------------------------|--|
| Principal Place of Business Mailing Address | | | | | | | | | | |
| 901 NW 17TH STREET 1051 NW 14 ST | | = " | | | | | | | | |
| SUITE F #130 MIAMI FL 33136 MIAMI FL 33136 | | | | | - { | DO NOT WRITE IN THIS SPACE | | | | |
| US | , | US | | | i | 3. Date Incorporated or Qualifed | | | | |
| | | | | | ļ | 10/18/1984 | | | | |
| 2 Principal P | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | - | Applied For | |
| 21 | ¬ ' — | | | | | 59-2482101 | | | Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | \$8.75 Add | | | 5 Additional | |
| 22 | ., | 27 | | | | 5. Certifcate of Status Desired [| | Fee | Required | |
| City & State | e | City & State | | | | 6. Election Campaign Financing | | \$5.0 | 0 May Be | |
| 23 | | 28 | | | į | Trust Fund Contribution |] | Adde | ed to Fees | |
| Zip | Country | Zip | | | | 8. This corporation owes the current year Intangible | | | | |
| 24 | 25 | 29 | 30 | Personal Property Tax. | | | | ☐Yes | □No | |
| | 9. Name and Address of Cu | rrent Registered Agent | | | | 10. Name and Address of New Reg | istered A | igent | | |
| | | | 81 | Name | € | | | | | |
| | NKEL, STUART | | 82 | Stree | t Addres | s (P.O. Box Number is Not Acceptable | <u> </u> | | | |
| | NE 211 TERRR. | | | ., 0,,,,, | , Addice | | | | | |
| N. M | IAMI BEACH FL 33179 | | 83 | ,—— | | | | | | |
| | | | 100 | - | | | | 85 Z | ip Code | |
| | | | 84 | City | | | FL | | ,p 0000 | |
| agent. I a | m familiar with, and accept the ot | oligations of, Section 607.0505, Flori | ida Statute | s. | | s board of directors. I hereby accept the reinstating) | DATE | | | |
| 12. | | S AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | DIREC | TORS IN 12 | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | | | Chang | ge 🗀 Addition | |
| NAME | Frankel, Stuart | | 1.2 NAME | | | | | | | |
| STREET ADDRESS | 2100 NE 211 TERR. | | 1.3 STREE | ET ADDRESS | s | | | | | |
| CITY-ST-ZIP | N. MIAMI FL | | 1.4 CITY- | ST-ZIP | _ _ | | | | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | | | | Chan | ge 🗌 Addition | |
| NAME | | | 2.2 NAME | | | | | | | |
| STREET ADDRESS | | | 2.3 STREE | ET ADDRESS | s | | | | | |
| CITY-ST-ZIP | | | 2.4 CITY- | ST-ZIP | - { | | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | | | Chan | ge 🔲 Addition | |
| NAME | | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | | | 3.3 STREE | ET ADDRESS | s | | | | } | |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | | Chan | ge | |
| NAME | | | 4 2 NAME | Ė | | | | | | |
| STREET ADDRESS | | | 4.3 STREE | ET ADDRESS | s | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY- | ST-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | | Chan | ge 🗌 Addition | |
| NAME | | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | | | 5.3 STREE | ET ADDRES | s | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY- | | | | | | • | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | | Chan | ge Addition | |
| NAME | | | 6.2 NAME | | | | | | Í | |
| STREET ADDRESS | | | 6.3 STRE | ET ADDRES | s | | | | | |

14. I hereby certify that the information supplied with this filing does not queltly 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 file and appears 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 of fusion and provided 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 attention of the corporation of the cor

SIGNATURE:

4/28/29

= /3;

Daytime Phone #