

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N45071** (0)

1. Corporation Name

**SOUTHEAST REGION OF THE CONSTRUCTION SPECIFICATI
ONS INSTITUTE, INC.**

Principal Place of Business Mailing Address
2701 W OAKLAND PARK BLVD #300 **2701 W OAKLAND PARK BLVD #300**
OAKLAND PARK FL 33311 **OAKLAND PARK FL 33311**

2. Principal Place of Business 2a. Mailing Address
21 **26**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

City & State City & State
23 **28**

Zip Country Zip Country
24 **25** **29** **30**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/10/1991** 3a. Date of Last Report **03/28/1994**

4. FEI Number **65-0474525** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

SPIEGEL, ROSS, CCS CSI
2701 W OAKLAND PARK BLVD
SUITE 300
OAKLAND PARK FL 33311

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

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 _____ DATE _____
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPIEGEL, ROSS
STREET ADDRESS	2701 W OAKLAND PK BLVD. #300
CITY- ST- ZIP	OAKLAND PARK FL
TITLE	VD
NAME	STEEBER, NORBERT
STREET ADDRESS	216 N SEVERN CIR
CITY- ST- ZIP	EASLY SC
TITLE	TD
NAME	KOCH, DAVID
STREET ADDRESS	5794 MABLETON PARKWAY
CITY- ST- ZIP	MABLETON GA
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DROZDA, ANDREW J.
2.3 STREET ADDRESS	310 NORTH WEST ST
2.4 CITY- ST- ZIP	RALEIGH NC 27603
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MCCARTNEY, SHELDON
3.3 STREET ADDRESS	1509 SE 4TH AVE
3.4 CITY- ST- ZIP	FT LAUDERDALE FL 33316
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ross Spiegel* **ROSS SPIEGEL, PRESIDENT** 2/24/95 (305) 486-7500
(Signature typed or printed name of signing officer or director) (Date) (Telephone Area #)

FILED
95 FEB 28 AM 4: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA