

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N45071** (0)

1. Corporation Name

SOUTHEAST REGION OF THE CONSTRUCTION SPECIFICATIONS INSTITUTE, INC.



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

3. Date Incorporated or Qualified: 09/10/1991
3a. Date of Last Report: 02/28/1995
4. FEI Number: 65-0474525
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-26) details including Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85): LUNN, TERENCE, P.E., CCS, CSI, 760 US HIGHWAY 1, SUITE 301, NORTH PALM BEACH, FL 33408

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Terrence Lunn, Vice President/Director* 2/8/96

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | SPIEGEL, ROSS | |
| STREET ADDRESS | 2701 W OAKLAND PK BLVD. #300 | |
| CITY - ST - ZIP | OAKLAND PARK FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | DROZDA, ANDREW J. | |
| STREET ADDRESS | 310 NW ST | |
| CITY - ST - ZIP | RALEIGH NC | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | MCCARTNEY, SHELDON | |
| STREET ADDRESS | 1509 SE 4TH AVE | |
| CITY - ST - ZIP | FT. LAUDERDALE FL | |
| 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 | V/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | LUNN, TERENCE | |
| 1.3 STREET ADDRESS | 760 US HIGHWAY 1, suite 301 | |
| 1.4 CITY - ST - ZIP | NORTH PALM BEACH FL 33408 | |
| 2.1 TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | DROZDA, ANDREW J | |
| 2.3 STREET ADDRESS | 310 NW ST | |
| 2.4 CITY - ST - ZIP | RALEIGH NC | |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: SHELDON MCCARTNEY, TREASURER 1/29/96 954-463-5065

CR2E037 (12/95)