


FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90015 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N45071

1. Corporation Name

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

Principal Place of Business

760 US HWY 1
SUITE 301
N PALM BEACH FL 33408
US

Mailing Address

760 US HWY 1
SUITE 301
N PALM BEACH FL 33408
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/10/1991
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0474525
24 Country	29 Country	Applied For
		Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

LUNN, TERRANCE PE
760 US HIGHWAY 1
SUITE 301
NORTH PALM BEACH FL 33408

81 Name **Carole Schafmeister**82 Street Address (P.O. Box Number is Not Acceptable)
848 NE 100 St

83

84 City **MIAMI SHORES****FL**

85

Zip Code **33138**

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

Carole Schafmeister**Carole Schafmeister**DATE **7/5/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required upon reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LUNN, TERRENCE	1.2 NAME	" Schafmeister, Carole
STREET ADDRESS	760 US HIGHWAY 1, SUITE 301	1.3 STREET ADDRESS	" 848 NE 100st
CITY-ST-ZIP	NORTH PALM BEACH FL	1.4 CITY-ST-ZIP	Miami Florida 33138
TITLE	VD	2.1 TITLE	VD
NAME	SCHAFMEISTER, CAROLE	2.2 NAME	" Dennis Hall, Dennis
STREET ADDRESS	1400 NW 107TH ST	2.3 STREET ADDRESS	501 N Church St #200
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Charlotte, NC-28202
TITLE	T	3.1 TITLE	
NAME	PIERSOL, JAMES	3.2 NAME	
STREET ADDRESS	2780 SW DOUGLAS RD., SUITE 302	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED PERSOL**2.5.99 305 446-3765**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)