FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N9400003624 (3)

SPEC GROUP, INC.				1 (A D) 5 FT A A A A A A A A A	# 44HL 91H # 11H1	
Principal Place	of Rusiness	Mailing Address				
21014 SHADY V BOCA RATON F	ISTA LN	21014 SHADY VISTA LN BOCA RATON FL 33428-115	58			
i				3. Date Incorporated or Qualified 07/22/1994	3a. Date of Last Report 10/10/1996	
21 9806			twood Dr.	4. FEI Number 65-0532119	Applied For Not Applicable	
Suite, Apt. 1		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 Tan	harac FL	City & State 28 Tamarac	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 333	21 Country Broward	2ip 333321	30 Broward		Yes No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New R	,	
Ku				Kuth Singer-St	LTH SINGER - STUNCK (pss (P.O. Box Number is Not Acceptable)	
) ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				800 WE STWOOD	<u>86 </u>	
BOCA RATON FL 33428						
84 City Tau				amarac	FL 85 Zip Code 3333Z/	
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 of the purpose of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of the purp						
office or registered agent, of 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 abligations of, Section 617.0503, Florida Statutes.						
SIGNATURE	ligitature. Typed or printed name of registered agen	I and title if applicable. (NOTE	uth Singer - Segistered Agent algusture in	Strunck Director	4-28-97	
12.	· OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
TITLE	DPST	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	GORSKI, PAMELA H		1.2 NAME			
STREET ADDRESS	21014 SHADY VISTA LN BOCA RATON FL 33428		1.3 STREET ADDRESS			
CITY - ST - ZIP	D D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
NAME	MARKS, DANETTE	A series	22 NAME			
STREET ADDRESS	901 SW 88 TERR		2.3 STREET ADDRESS		:	
CITY-ST-ZIP	PLANTATION FL 33324		2. 4 CITY-ST-ZIP			
TITLE	D	DELETÉ	3.1 TITLE		Change Addition	
NAME	SINGER-STRUNCK, RUTH		3.2 NAME			
STREET ADDRESS	9806 WESTWOOD DR		3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33321		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	D	Change 🕍 Addition	
NAME			4. 2 NAME	Kim Glusky 73 :	<i>~</i>	
STREET ADDRESS			4.3 STREET ADDRESS		St 22224	
CITY-ST-ZIP		——————————————————————————————————————	4.4 CITY-ST-ZIP	Plantation FL	33344	
TITLE		☐ DELETE	5.1 TITLE	\mathcal{P}_{i} is \mathcal{P}_{i}	Change Addition	
NAME			5.2 NAME	Julie Terk	_	
STREET ADDRESS			5.3 STREET ADDRESS	1617 Coral Ridge	י טרי איז איזו	
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP	cover springs,	Change Addition	
TITLE		ריי הנינונ	6.1 TITLE	•	C change C Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADORESS			

IGNATURE: LULISIUMATINE REQUIRERUM Siger-Struck Director 428-97 724-44

14. I do hereby certify that the information supplied with this filting 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