SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT Sandra B. Mortham CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 DOCUMENT # P94000002465 (0) SPECIALTY COMMUNICATIONS, INC. Mailing Address Principal Place of Business 3131 MARTIN DOWS BLVD. 3131 MARTIN DOWS BLVD. PALM CITY FL 34990 STE. 334 3a. Date of Last Report 3. Date Incorporated or Qualified US PALM CITY FL 34990 05/01/1995 01/03/1994 US Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0545044 26 \$8.75 Additional 21 Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 This corporation has liability for intangible tax under s. 199 032, 23 Country Zip Country Zip Yes No Florida Statutes 29 30 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BOND, JAMES A Street Address (P.O. Box Number is Not Acceptable) **B2** 1251 S.W. 27TH ST. SURTE 4 83 PALM CITY FL 34990 Zip Code 85 84 City 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. Thereby accept the approntment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes. (NOTE: Rejectered Agent signature required when reast xing) SIGNATURE Signature, type, like protections out to present a jent and the diapplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) 13. OFFICERS AND DIRECTORS Addition 12. DELETE 1171748 TITLE CR2E034 1.2 NAME **DUNLAP, C. CAMERON III** 1 3 STREET ADDRESS 3121 S.W. MONTEBELLO PL. STREET ADDRESS 14 CHY - ST-7:P PALM CITY FL 34990 Addition CITY-ST-ZIP DELETE 2.1 THILE TITLE 380 Beachway Aue 2.2 N 5 M NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY ST-ZIP Change Addition CITY - ST - ZIP DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST ZIP Change Addition CITY - ST - ZIP DELETE 41 TIRE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST- ZIP Change Addition CITY - ST - ZIP DELETE 5 1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 61 THILE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 64 CiTY - ST - ZiP

SIGNATURE: