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CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:02

DOCUMENT # **P94000056520 (7)**

1. Corporation Name
SPECS USA, INC.

Principal Place of Business	Mailing Address
46 N. WASHINGTON BVDL. #1 SARASOTA FL 34236	46 N. WASHINGTON BVDL. #1 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1994	3a. Date of Last Report: N/A
4. FEI Number: 65-0510539	☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2 N. TAMIAMI TRAIL	26 2 N. Tamiami Trail
Suite, Apt. #, etc 22 #312	Suite, Apt. #, etc 27 312
City & State 23 SARASOTA, FL	City & State 28 Sarasota, FL
Zip 24 34236 / Country 25 USA	Zip 29 34236 / Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PATTERSON, JOHN 46 N. WASHINGTON BVDL., #1 SARASOTA FL 34236	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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D PATTERSON, JOHN 46 N. WASHINGTON BVDL., #1 SARASOTA FL 34236	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	D,T GEBHARD H. DIETER 1858 RINGLING BLVD. SARASOTA, FL 34236 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	D,VP PETRIK, GERD 2 N. TAMIAMI TRAIL, #312 SARASOTA, FL 34236 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	P DAUE, THOMAS 2 N. TAMIAMI TRAIL, #312 SARASOTA, FL 34236 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	VP,S GEBHARD, LINDA O. 2 N. TAMIAMI TRAIL, #312 SARASOTA, FL 34236 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	SIGN HERE — ☐ Change ☐ Addition

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/10/95 (813) 364-9609

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

THOMAS DAUE, President

045003/1 FP