

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000056520 (7)

1. Corporation Name
SPECS USA, INC.



Principal Place of Business

2 N TAMiami TRAIL
SUITE 312
SARASOTA FL 34236
US

Mailing Address

2 N TAMiami TRAIL
SUITE 312
SARASOTA FL 34236-5541
US

3. Date Incorporated or Qualified
07/29/1994

3a. Date of Last Report
02/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PATTERSON, JOHN
46 N. WASHINGTON BVD., #1
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 of typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	GEBHARD, H. D	
STREET ADDRESS	1858 RINGLING BLVD	
CITY - ST - ZIP	SARASOTA FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	PETRIK, GERD	
STREET ADDRESS	2 N TAMiami TRAIL, #312	
CITY - ST - ZIP	SARASOTA FL 34236	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DAUE, THOMAS	
STREET ADDRESS	2 N TAMiami TRAIL, #312	
CITY - ST - ZIP	SARASOTA FL 34236	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	GEBHARD, LINDA O	
STREET ADDRESS	2 N TAMiami TRAIL, #312	
CITY - ST - ZIP	SARASOTA FL 34236	
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	DT VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GEBHARD, H.D.	
1.3 STREET ADDRESS	2 N TAMiami TR. #312	
1.4 CITY - ST - ZIP	SARASOTA FL 34236	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0427225

CR2E034 (9/96)