COR ANNU	PROFIT PORATION JAL REPORT 1996	Secretar Secretar	IMENT OF STATE  Mortham y of State  ORPORATIONS		
DOCUI 1. Corporation	MENT # <b>P950</b> 0	00019308 (2)			
SPECIA	ALIZED TRADESMEN OF I	FLORIDA, INC.		E 186/(ESE NE 18/8) BUIL BEIN BONG BONG BONG BOND NESS	11 <b>00</b> (1216 <b>20</b> 10) (011 1011
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		
111 SATSUMA DRIVE		111 SATSUMA DRIVE			
ALIAMUNIE	SPRINGS FL 32714	ALTAMONTE SPRINGS FI	L 32714		of Last Report
2. Principal Pl	ace of Business	2a. Mail:n@Address		03/09/1995 4. FEI Number	Applied For
21 405 [	Douglas Ave	26 Suite, Apt # etc.		<u>59-3308720</u>	Not Applicable
22 Ste	1405	27 27		5. Certificate of Status Desired	8.75 Additional Fee Required
3 A (10)	monte Socios	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Colory	Zip	Country	8. This corporation has liability for intangible tax	under s. 199.032,
24 7 1	9. Name and Address of Curre		30	Florida Statutes Yes Name and Address of New Registered Age	nt
	IARPE, GRANVILLE		81 Name		
	1 SATSUMA DRIVE TAMONTE SPRINGS FL 32714		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
74	TAMORTE SPRINGS PE 327 14		83		
			84 City	FL <sup>8</sup>	5 Zip Code
11. Pursuant t	o the provision of Sections 607 05 egistered agen, or both, in the State	02 and 607.1508, Florida Statutes e of Florida, Such change was au	s the above-named con thorized by the corporat	oration submits this statement for the purpose of char on's board of directors. Thereby accept the appointm	nging its registered ent as registered
agent I ar SIGNATURE	m familiar with and accept the obliq	gations of, Section 607.0505, Flor	oa Statutés	10/17/0	)( o
	· · · · · · · · · · · · · · · · · · ·	gent and time if applicator (NOTE ND DIRECTORS	Registered Agent's grateric mod		7507000 11140
TITLE	DP	DELETE	1 1 TIFLE	ADDITIONS/CHANGES TO OFFICERS AND DIF	Change Addition
NAME STREET ADDRESS	SHARPE, GRANVILLE		1 2 NAME		
CITY-ST-ZIP	111 SATSUMA DR. ALTAMONTE SPRINGS FL		1.3 STREET ADDRESS 1.4 City - St - Zip		
TITLE	DST	DELETE	2 1 TITLE		Change Addition
NAME Street address	Bebble, gene 790 trailwood dr.		2.2 NAME 2.3 STREET ADDRESS		
CITY - ST - ZIP	ALTAMONTE SPRINGS FL		2 4 CITY - ST - ZIP		
TITLE NAME		DELETE	3 1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-SI-ZIP		
TITLE NAME		DELETE	4 1 TIFLE		Change Addition
STREET ADDRESS			4 2 NAME 4 3 STREET ADDRESS		,
DITY-ST-ZIP			4.4.0/TY - S\$ - ZiP		
TITLE NAME		DELETE	51 TITLE		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADORESS		
CITY-ST-ZIP			54 CHY -ST-ZIF		
TITLE NAME		DELETE	61 TITLE		Change Addition
STREET ADDRESS			6 2 NAME 6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - S1 - ZIP		
14 I do barab	y certify that the <i>inf</i> ormation supplie	ed with this filing is voluntarily furr	shed and does not qua	lify for the exemption stated in Section 119 07(3)(k). Fl and accurate and that my signature shall have the sar	londa Statutes I
made und	tify that the information indicated of er oath, that, am an officer or direc	stor of the corporation or the rece-	ver or trustee empowere	d to execute this report as required by Chapter 617, F	ne regal effect as a fonda Statules; and
further cer made und that my na	trly that the information indicated or er oath, that I am an officer or direc- ime appears in Block 2 or Block 12	stor of the corporation or the rece-	ver or trustee empowere	d to execute this report as required by Chapter 617, F	fonda Statules; and
made und	tily that the information indicated of ore oath, that are an officer or direct me appears in Block 2 or Block 12	stor of the corporation or the rece-	ver or trustee empowers with an address	d to execute this report as required by Chapter 617, F	to 2-3337

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR