
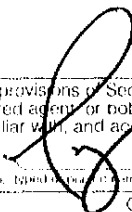


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000019308 (2)</b> 1. Corporation Name: <b>SPECIALIZED TRADESMEN OF FLORIDA, INC.</b>					
Principal Place of Business <b>405 DOUGLAS AVE. 1405 ALTAMONTE SPRINGS FL 32714 US</b>			Mailing Address <b>405 DOUGLAS AVE. 1405 ALTAMONTE SPRINGS FL 32714-2572 US</b>		
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		<b>3. Date Incorporated or Qualified</b> <b>03/09/1995</b> <b>3a. Date of Last Report</b> <b>06/20/1996</b> <b>4. FEI Number</b> <b>59-3308720</b> <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> <b>SHARPE, GRANVILLE 111 SATSUMA DRIVE ALTAMONTE SPRINGS FL 32714</b>			<b>10. Name and Address of New Registered Agent</b> 81 Name <b>Warlick, Fasset &amp; Anthony</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>14 E. Washington St.</b> 83 <b>Suite 500</b> 84 City <b>ORLANDO</b> <b>FL</b> 85 Zip Code <b>32801</b>		
<b>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.</b> SIGNATURE  <b>President</b> <b>1/9/97</b> Signature, typed or printed name of new, elected agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
<b>12. OFFICERS AND DIRECTORS</b> 1.1 TITLE <b>DP</b> <input type="checkbox"/> DELETE 1.2 NAME <b>SHARPE, GRANVILLE</b> 1.3 STREET ADDRESS <b>111 SATSUMA DR.</b> 1.4 CITY - ST - ZIP <b>ALTAMONTE SPRINGS FL</b> 2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> 1.1 TITLE <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>SHARPE, GRANVILLE</b> 1.3 STREET ADDRESS <b>405 DOUGLAS AVE #1405</b> 1.4 CITY - ST - ZIP <b>Altamonte Spgs FL 32714</b> 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		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2034 (9/96)