Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90132 002 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000022941

1. Corporation Name

SPECO INTERNATIONAL INC

01 200	INTERNATIONAL, INC.							
Principal Place	e of Business	Mailing Address				3311P (584)	1 11418 131	.11 610 01 1101 1001
3405 NW 9TH /	AVE	3405 NW 9TH AVENUE						
1205 1205					DO NOT MOITE IN	TUIC OF	ACE	
FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309					DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed 03/20/1995			
Principal Place of Business     2a. Mailing Address					4. FEI Number			Applied For
26					65-0567853	Not Applicable		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	;		Additional
22 27								Required
City & State City & State				~	6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		_	□No
24	25	<del></del>	30	_	Personal Property Tax.  10. Name and Address of New Registe		Yes	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registe	sieu Age	3111	
KAT	ARI MARTIN			Name	•			
KATARI, MARTIN 7784 TRAVELERS TREE DRIVE				Street Add	ress (P.O. Box Number is Not Acceptable)			
	CA RATON FL 33433							
500	A TATON 1 E 33403		83					
			84	City			85 Zip	o Code
						<u>FL</u>	Щ.,	
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was au	thorized by	the corporation	poration submits this statement for the purpo on's board of directors. I hereby accept the a	appointm	ient as i	registered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agen	t signature require	ed when reinstating) DAT	re		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	S AND	DIRECT	ORS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE			_ ر	] Change	e 🔲 Addition
NAME	KATARI, MARTIN		12 NAME					
STREET ADDRESS	7784 TRAVELERS TREE DRIVE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-S	r-zip				
TITLE			2.1 TITLE				Change	e Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS	•			Í
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	·			,
TITLE		☐ DELETE	3.1 TITLE			[	Change	e Addition
NAME			3.2 NAME				<del></del> -	
STREET ADDRESS			3.3 STREET	ADORESS				
CITY-ST-ZIP			3.4. CITY-S	T-ZIP				İ
TITLE		☐ DELETE	41 TITLE		•		Change	e Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T- ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	e 🔲 Addition
NAME			52 NAME					•
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T- ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	e Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				

14. I 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 trastee 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 attachnors with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

9545631720