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

' PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000024972 (8)

SPECIALTYWORKS, INC.

FILED May 01 1998 8:00am Secretary of State



						- 1,004400 1400 4444 0044 0044 0044 0044		
Principal Place of Business Mailing Address							Z.: 01012 10111 10	416 1181 1481
2016 WILDRII TALLAHASSE		2016 WILDRIDGE DR. TALLAHASSEE FL 32303						
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
2 Oringiaal B	lace of Business	2a. Mailing Address				03/29/1995 4. FEI Number		
Z. Principal F	ace of Business						——·	oplied For
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.			59-3315618		ot Applicable Additional
22		· - ·	27			5. Certificate of Status Desired	,	equired
City & State		City & State				6. Election Campaign Financing		·
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Count	try		8. This corporation owes or has paid the cu	rrent year In	tengible
24	25	29	30			Personal Property Tax due June 30. Yes No		
	9. Name and Address of Currer	it Registered Agent				10. Name and Address of New Registered	Agent	
UNGER, RALPH H				31 1	Name			
2016 WILDRIDGE DR.				82 Street Address (P.O. Box Number is Not Acceptable)				
TA	LLAHASSEE FL 32303							
			8	3				ţ
			<u> </u>	14 (City		85 Zip	Code
						FL		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu-	tes, the abo	ove-n	named corpo	oration submits this statement for the purpose con's board of directors. I hereby accept the ap	of changing it	ts registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607,0505, FI	orida Statut	tes.	io corporatio	and board or and octors. This topy account the app	, JOHN 11 11 11 12 1	i og.o.o.o
SIGNATURE								
	Signature, typied or printed name of registered agr		It: Registered A	Agent s	signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	A DIDECTAL	OC IN 12
12.	OFFICERS AND DIRECTORS DELETE			1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
NAME	UNGER, RALPH H	otten	1.2 NAME		Ì		onango	
STREET ADDRESS	2016 WILDRIDGE DR.			1.3 STREET ADDRESS				ł
	TALLAHASSEE FL 32303							i
CITY-ST-ZIP TITLE	DELETE			1.4 C/TY - ST - Z/P 2.1 T/T/LE		11.70	Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STRE		ORESS			}
CITY-ST-ZIP				2. 4 CITY-S1-ZIP				
TITLE		DELETE			<u> </u>		Change	Addition
NAME			3.2 NAM				•	
STREET ADDRESS			3.3 STRE		DRESS			ļ
CITY - ST - ZIP			3.4. CITY		-			
TITLE	DELETE			4.1 TITLE			Change	Addition
NAME			4. 2 NAM	Æ				
STREET ADDRESS			4.3 STRE	EET AD	DRESS			l
CITY-ST-ZIP			4.4 CITY	'-ST-Z	ZiP		· 	
TITLE			51 TITUE			1,	Charge	Addition
NAME	į		5.2 NAM	5.2 NAME			ر /ب	İ
STREET ADDRESS			5.3 STRE	5.3 STREET ADDRESS		M Z	4//	ļ
CITY-ST-ZIP			5.4 CITY	5.4 CITY - ST - ZIP			_/	
TITLE	DELETE		6.1 TITLE	6.1 TITLE			Change	Addition
NAME			6.2 NAM	ΙE	-	0000025089	80	
STREET ADDRESS			6.3 STRE	ET ADI	DRESS	0000025089 -05/04/98010260	110	
CITY-ST-ZIP			6.4 CITY	- ST-2	ZIP	***150.00	-	
14. I hereby o	ertify that the information supplied w	ith this filing does not qualify f	or the exem	notio	n stated in S	Section 119.07(3)(i), Florida Statutes. I further co	ertify that the	information

4. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Place 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 or Place 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 or Place 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 or Place 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 or Place of the corporation of 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 or Block 13 or Block 14 or Block 14 or Block 14 or Block 15 or Bl

1120 100

....