

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000073483 (6)**

1. Corporation Name

SPECIALTY ITEM SALES, INC.



Principal Place of Business

2323 DEL PRADO BOULEVARD, SUITE 13
CAPE CORAL FL 33990

Mailing Address

2323 DEL PRADO BOULEVARD, SUITE 13
CAPE CORAL FL 33990

2. Principal Place of Business

2a. Mailing Address

21 11350 METRO PARKWAY

26 11350 METRO PARKWAY

22 SUITE 106

27 SUITE 106

23 FORT MYERS, FL

28 FORT MYERS, FL

24 33912 25 LEE

29 33912 30 LEE

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Section 610.01, Florida Statutes, the above named corporation hereby statement for the purpose of changing its registered office or registered agent to both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am fully aware of and accept the obligations of Section 610.01, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

NAME	PSTD WEST, KAREN A	<input type="checkbox"/> DELETED
STREET ADDRESS	2323 DEL PRADO BOULEVARD, SUITE 13	
CITY	CAPE CORAL FL 33990	
STATE	V	<input type="checkbox"/> DELETED
NAME	WEST, RICHARD A	<input type="checkbox"/> DELETED
STREET ADDRESS	2323 DEL PRADO BOULEVARD, SUITE 13	
CITY	CAPE CORAL FL 33990	
STATE		<input type="checkbox"/> DELETED
NAME		<input type="checkbox"/> DELETED
STREET ADDRESS		
CITY		
STATE		<input type="checkbox"/> DELETED
NAME		<input type="checkbox"/> DELETED
STREET ADDRESS		
CITY		
STATE		<input type="checkbox"/> DELETED

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	
20 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
22 STREET ADDRESS	
23 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30 NAME	
31 STREET ADDRESS	
32 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied herein is true and correct and that I am not qualified for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information made available 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 registered professional engineer or professional architect or professional land surveyor as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report or on an attached sheet with all details.

SIGNATURE: **RICHARD A. WEST** *Richard A. West*

11/15/96 991/418-1140

CR2E034 (12/95)