

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000081659 (1)

1. Corporation Name
SPECTEC, INC.



Principal Place of Business

950 N. KROME AVENUE
SUITE 306
HOMESTEAD FL 33030

Mailing Address

950 N. KROME AVENUE
SUITE 306
HOMESTEAD FL 33030

3. Date Incorporated or Qualified
10/24/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country
24 25

2a. Mailing Address

26 P.O. Box 507

27 Suite, Apt. #, etc

28 Islamorada, FL
29 33036 30 Monroe

4. FEI Number

65-0615379

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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.

SIGNATURE

Signature, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME AVILA, JOHN A
STREET ADDRESS 47 WEST PLAZA GRANADA
CITY-ST-ZIP ISLAMORADA FL 33036

TITLE D ☐ DELETE
NAME BECKER, MICHAEL A
STREET ADDRESS 4603 241ST AVENUE SE
CITY-ST-ZIP ISSAQUAH WA 98027

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE P ☒ Change ☐ Addition
2 NAME } Same
3 STREET ADDRESS
4 CITY-ST-ZIP

2 1 TITLE VP ☒ Change ☐ Addition
2 NAME } Same
3 STREET ADDRESS
4 CITY-ST-ZIP

3 1 TITLE S ☐ Change ☒ Addition
3 2 NAME Donnie Avila
3 3 STREET ADDRESS 47 W Plaza Granada
3 4 CITY-ST-ZIP Islamorada, FL 33036

4 1 TITLE D ☐ Change ☒ Addition
4 2 NAME Chris F. Christensen
4 3 STREET ADDRESS Harnelageret N-0150
4 4 CITY-ST-ZIP Oslo, Norway

5 1 TITLE ☐ Change ☐ Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: X John A. Avila
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-20-96 (305)664-0134

CR2E034 (12/95)