

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000084219 (1)

1. Corporation Name
GLOBAL SPECIALTY PRODUCTS, INC.



Principal Place of Business
POST OFFICE BOX 1155
BOYNTON BEACH FL 33425

Mailing Address
POST OFFICE BOX 1155
BOYNTON BEACH FL 33425

3. Date incorporated or Qualified
11/02/1995

3a. Date of Last Report

2. Principal Place of Business
21 5710 COLUMBIA CIRCLE
State Apt. #, etc.

2a. Mailing Address
26 5710 COLUMBIA CIRCLE
State Apt. #, etc.

22 City & State
23 WEST PALM BEACH, FL.

27 City & State
28 WEST PALM BEACH, FL.

24 Zip Country
33407 USA

29 Zip Country
33407 USA

4. FE Number
65-0622269

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

10. Name and Address of New Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FORT LAUDERDALE FL 33311

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 607.1501, 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 607.0502, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D SCOTCHEL, LOIS
2004 EMBASSY DRIVE
WEST PALM BEACH FL 33401

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D SMITH, PATRICK F
762 RIDER ROAD
BOYNTON BEACH FL 33425

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

☐ DELETE

5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

7. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

8. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

9. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

10. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

11. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

12. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing was 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, the manager or trustee, or authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or as an addition, in Block 13.

SIGNATURE:

Lois Scotchel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOIS SCOTCHEL

4-9-96

407-848-9979

CR2E034 (12/95)