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

PROFIT CORPORATION ANNUAL REPORT 1998 Secretary of State DIVISION OF CORPORATIONS PLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS Mar 16 1998 8:00am Secretary of State

| DOCUMENT # P96000018878 (4) SPEC-TEC MANUFACTURING, INC. | | | | | | | |
|--|---|--|--|-------------------------|--|-------------------|--------------------------------|
| Principal Place of Business Mailing Address | | | | | 3 statichat die said Stift and sant Antic Calif Stift | 11861 18181 18111 | i 1000£ (B)(tabl |
| 12247 NW 35 ST CORAL SPRINGS FL 33065 | | 12247 NW 35 ST CORAL SPRINGS FL 33065 | | | | | |
| US | | US | | | DO NOT WRITE IN THIS | SPACE | |
| | | | | | Date Incorporated or Qualified 02/29/1996 | | |
| | 2. Principal Place of Business 2a. Mailing Address | | | | 4. FEI Number | | pplied For |
| 21 26 Suite Act # 212 | | | | | 65-0650393 | | lot Applicable |
| | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | • | Additional teguired |
| 22 27 City & State (| | | City & State | | Election Campaign Financing | | May Be |
| 23 | | 28 | | | Trust Fund Contribution | | to Fees |
| Zip | Country | Zip | Country | | 8. This corporation owes or has paid the cu | | |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. 10. Name and Address of New Registered | | □ No |
| | g. Name and Address of Currer | n Hegistered Agent | 81 1 | Name | 10. Name and Address of New Registered | Agent | |
| 1 | PARRETT, CHARLES S 2247 NW 35 ST CORAL SPRINGS FL 33065 | | | | ress (P.O. Box Number is Not Acceptable) | | |
| | | | 84 (| City | FL | 85 Zip | Code |
| 11. Pursuant office or ragent. La | | | tes, the above-n authorized by th lorida Statutes. | amed corp e corporat | poration submits this statement for the purpose of tion's board of directors. I hereby accept the app | | its registered s registered |
| | Signature, typed or printed harne of respellment again | | TÉ Registered Agent s | ignature requi | · · · · · · · · · · · · · · · · · · · | | |
| 12. | OFFICERS AN | DELETE DELETE | 13. 1.1 TITLE | | ADDITIONS/CHANGES TO OFFICERS ANI | D DIRECTO Change | RS IN 12 Addition |
| NAME | BARRETT, SCOTT | —————————————————————————————————————— | | - } | | onlarige | Asomor |
| STREET ADDRESS | 12247 NW 35 ST | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | | | | |
| THTLE | ٧ | DELETE | 1.4 CITY-ST-ZIP 21 TITLE | | | Change | ☐ Addition |
| NAME | CHIARIZIO, MARTIN | | 22 NAME | | | | |
| STREET ADDRESS | 12247 NW 35 ST | | 2 3 STREET ADI | DAESS [| | | [|
| CITY-S1-ZIP | CORAL SPRINGS FL | | 2 4 CITY-ST- | ZIP | | | |
| TITLE | ST TOLOV | ☐ DELETE | 3.1 TITLE | ļ | | Change | Addition Addition |
| NAME OTDEET ADODESS | BARRETT, TRACY 12247 NW 35 ST | | 3.2 NAME 3.3 STREET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | CORAL SPRINGS FL | | | - } | | | Į |
| TITLE | JOHNE OF MINOS I C | DELETE | 3.4. CITY-ST-7 4.1 TITLE | ur | | Change | ☐ Addition |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET AD | DRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET AD | | | | |
| CITY-ST-ZIP | | DOLLET | 5.4 CITY - ST - Z | IP | | Chanca | Addition |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | Change | Addition |
| NAME STREET ADDOCCC | l. | | 6.2 NAME | noree | | | ľ |
| STREET ADDRESS CITY-ST-ZIP | | | 6.3 STREET ADI | | | | |
| | corbity that the information supplied w | oth this filing does not qualify | 6.4 City - St - Z | | Section 119 07/31(i) Florida Statutes I further co | ertify that th | e Information |

14. I nereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

Jray Burett

3-9-98 954-796-2445

FILED