## 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 # P96000077355 (1)

## FILED May 08 1998 8:00am Secretary of State

	SPECIALTIES, INC.			) 	
Principal Place of Business Mailing Address				1 10011201 110 10113 Ellis 96(1) 66(1) 66(1) 66(1)	100 140 100 100 100 100 100 100 100 100
3428 WATERWOOD DRIVE SEBRING FL 33872-8411 SEBRING FL 33872-8411				DO NOT WRITE IN THE	S SPACE
1				3. Date Incorporated or Qualified	
		·	<u> </u>	09/16/1996	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0709613	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		[28]	T 05	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	g. Name and Address of Curre	nt Registered Agent	30	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
05		in registered Agent	81 Name	10. Hallo and Address of New Helphalete	4 Agent
GEIBLE, HARRY F					
3428 WATERWOOD DRIVE SEBRING FL 33872-8411			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
OC	DNING FL 33072-0411		83		
<b>!</b>			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the above-named cor		
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblic	e of Florida. Such change was pations of, Section 607,0505, F	authorized by the corpora lorida Statutes.	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE					ļ
	Signature, typed or printed name of registered ag		TE Registered Agent signature requ		
12.	<del></del>	ID DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12  Charige Addition
TITLE	D COOLE HADDY E	C otten	1.1 TITLE		The Propiner
NAME STREET ADDRESS	GEIBLE, HARRY F 3428 WATERWOOD DRIVE		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL 33872-8411		1.4 CITY-ST-ZIP		}
TITLE	0201W1G 1 E 00072-0411	☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	<del></del>	Change Addition
NAME			3.2 NAME		}
STREET ADDRESS	ţ		3.3 STREET ADDRESS		}
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	!		5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T are re-	5.4 CITY-ST-ZIP		——————————————————————————————————————
TITLE		☐ DELETE	6 t TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. 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 if changed, or on an attachment with an address.

SIGNATURE: SANATURE FILE TYPED OR PRINTED HAME OF SHONING OFFICER OR DIRECTOR DIRECT