

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000011878 (0)

1. Corporation Name

SPEC ENGINEERING, INC.

Principal Place of Business

Mailing Address

1120 PINELLAS BAYWAY
UNIT 211
TIERRA VERDE FL 33715

1120 PINELLAS BAYWAY
UNIT 211
TIERRA VERDE FL 33715

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

Zip

26

Country

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

KASSIS, JOHN W
1120 PINELLAS BAYWAY
UNIT 211
TIERRA VERDE FL 33715

KASSIS

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, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.1 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	1.2 NAME	1.2 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
		1.3 STREET ADDRESS	1.3 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
		1.4 CITY-ST-ZIP	1.4 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE	NAME	2.1 TITLE	2.1 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	2.2 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
		2.3 STREET ADDRESS	2.3 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
		2.4 CITY-ST-ZIP	2.4 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE	NAME	3.1 TITLE	3.1 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	3.2 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
		3.3 STREET ADDRESS	3.3 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
		3.4 CITY-ST-ZIP	3.4 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE	NAME	4.1 TITLE	4.1 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	4.2 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
		4.3 STREET ADDRESS	4.3 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
		4.4 CITY-ST-ZIP	4.4 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE	NAME	5.1 TITLE	5.1 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.2 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
		5.3 STREET ADDRESS	5.3 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
		5.4 CITY-ST-ZIP	5.4 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE	NAME	6.1 TITLE	6.1 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.2 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
		6.3 STREET ADDRESS	6.3 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
		6.4 CITY-ST-ZIP	6.4 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>

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.

JOHN W. KASSIS *[Signature]*
SIGNATURE: SAMEH EL-KHOLI *[Signature]*

218/1998 813-866-6990
218/1998 813-866-6990

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