SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

P97000068795

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT#

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Kathørine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Jul 19, 1999 8:00 am Secretary of State

07-19-1999 90006 035 ***150.00

SPECIAL SITUATIONS, INC.		
Principal Place of Business	Mailing Address	T 1001/05; (10 setti 1851) melik oniti dokil odile dilek lekil kerke ilkel dili 100/
115 SE SPANISH TRAIL BOCA RATON FL 33432	115 SE SPANISH TRAIL BOCA RATON FL 33432	

BOOM MATON FL 33432		DUCA NATUR FL 30452		DO NOT WRITE IN THIS SPACE		
				3. Date incorporated or Qualified 08/08/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number APPLIED FOR 65-07928	72 Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State	<u> </u>		6. Election Campaign Financing - Trust Fund Contribution	- \$5.00 May Be Added to Fees
Zip	Country	28 Zip	Cour	ntrý	8. This corporation owes the current year	
24	25	29	30		Intangible Personal Property.	Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered A	\gent
				81 Name		
	MILTON, DAVID SE SPANISH TRAIL		-	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
800	CA RATON FL 33432		ţ	83		
				84 City	FL	85 Zip Code
agent. I a	arm familiar with, and accept the obli-				quired when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITI	.Ē		Change Addition
NAME	HAMILTON, DAVID		1.2 NA	AE		
STREET ADDRESS	115 SE SPANISH TRAIL		1,3 STF	EET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CIT	Y-ST-ZIP		
TITLE		DELETE	2.1 TIT	-E	Ļ	Change Addition
NAME			2.2 NA	AE }		
STREET ADDRESS			2.3 STF	EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		-
TITLE		☐ DELETE	3.1 TIT]	Ĺ	Change \ Addition
NAME	15		3.2 NA			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		7
TITLE		L DELETE	4,1 TITI		L	Change
NAME			4.2 NAI	ĺ		
STREET ADDRESS			4	EET ADDRESS		
CITY-ST-ZIP		DELETE	5.1 TITI	Y-ST-ZIP		Change Addition
NAME		- DETE IE	5.2 NA	1	Ľ	TO CURINDE TO MUNICUL
STREET ADDRESS			1	EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	6.1 TIT		F	Change Addition
NAME		L USLETE	6.2 NA	I	L	Tournide The Mannage
STREET ADDRESS				EET ADDRESS		
CITY-ST-7ID				Y-ST-7IP		

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 chapted, of on an attachment with an address...

SIGNATURE: MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

590329-90006-35 P97000068795

N.D. HAMILTON ASSOCIATES, INC.

115 S.E. SPANISH TRAIL BOCA RATON, FLORIDA 33432 (561) 393-6007 FAX: (561) 393-0068

Ref. 97000068795

To. Representative: State of Marida Re: Special Situations Inc Upon receipt of the Second

Notice requiring \$50.00 For Filing

I spoke fine telephone with your office and was instarmed to notify you that I did not receive the initial filing.

There fore, \$150.00 is endosod.

This should render registration
with the State of Florida to
be corrent and appropriate.

Jermon Joseph Law it tax