

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

FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000085327 (9)
1. Corporation Name
SPECIALTY MANAGEMENT SERVICES, INC.



Principal Place of Business 1660 GRANDVIEW BLVD KISSIMMEE FL 34744	Mailing Address 1660 GRANDVIEW BLVD KISSIMMEE FL 34744
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 220 E. MONUMENT AVE Suite, Apt. #, etc. 22 Bldg 4 SUITE D City & State 23 KISSIMMEE Zip 24 FL 34741		2a. Mailing Address 25 220 E. MONUMENT AVE Suite, Apt. #, etc. 27 Bldg 4 SUITE D City & State 28 KISSIMMEE Zip 29 FL 34741		3. Date Incorporated or Qualified 10/02/1997	
26		27		4. FEI Number 59-3473897	
28		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
30		31		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
32		33		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RALTON, STEPHEN
1660 GRANDVIEW BLVD
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 220 E. MONUMENT AVE Bldg 4 SUITE D	84 City KISSIMMEE	85 FL	86 Zip Code 34741
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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 of person or persons of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11/5/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RALSTON, STEPHEN M	1.2 NAME	
STREET ADDRESS	P.O. BOX 423189	1.3 STREET ADDRESS	220 E. Monument Ave, Bldg 4, Ste D
CITY-ST-ZIP	KISSIMMEE FL 34742-3189	1.4 CITY-ST-ZIP	Kissimmee FL 34741
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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



11/5/98

CR2E034 (10/97)