

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 08, 1999 8:00 am  
Secretary of State

07-08-1999 90015 011 \*\*\*150.00

DOCUMENT # P98000012809

1. Corporation Name  
AME/SPEC, INC.



Principal Place of Business Mailing Address  
1400 CHARLOTTE ST. SUITE L 4400 CHARLOTTE ST. SUITE L  
LAKE WORTH FL 33461 LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		26		02/09/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		Applied For	
City & State		City & State		Not Applicable	
3		28		5. Certificate of Status Desired	
Zip		Zip		Country	
25		29		Country	
30		31		Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. This corporation owes the current year intangible Personal Property Tax.	
STUART, TERRY		81 Name		8. This corporation owes the current year intangible Personal Property Tax.	
4400 CHARLOTTE ST., SUITE L		82 Street Address (P.O. Box Number is Not Acceptable)		8. This corporation owes the current year intangible Personal Property Tax.	
LAKE WORTH FL 33461		83		8. This corporation owes the current year intangible Personal Property Tax.	
		84 City		8. This corporation owes the current year intangible Personal Property Tax.	
		FL		8. This corporation owes the current year intangible Personal Property Tax.	
		85 Zip Code		8. This corporation owes the current year intangible Personal Property Tax.	

1. 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	
2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	1.1 TITLE					
NAME	STUART, TERRY	1.2 NAME					
REET ADDRESS	4400 CHARLOTTE ST. SUITE L	1.3 STREET ADDRESS					
TY-ST-ZIP	LAKE WORTH FL 33461	1.4 CITY-ST-ZIP					
TITLE	D	2.1 TITLE					
NAME	RADD, DONALD	2.2 NAME					
REET ADDRESS	4400 CHARLOTTE ST. SUITE L	2.3 STREET ADDRESS					
TY-ST-ZIP	LAKE WORTH FL 33461	2.4 CITY-ST-ZIP					
TITLE	D	3.1 TITLE					
NAME	RADD, MICHAEL	3.2 NAME					
REET ADDRESS	4400 CHARLOTTE ST. SUITE L	3.3 STREET ADDRESS					
TY-ST-ZIP	LAKE WORTH FL 33461	3.4 CITY-ST-ZIP					
TITLE	D	4.1 TITLE					
NAME	GAST, JOHN	4.2 NAME					
REET ADDRESS	4400 CHARLOTTE ST. SUITE L	4.3 STREET ADDRESS					
TY-ST-ZIP	LAKE WORTH FL 33461	4.4 CITY-ST-ZIP					
TITLE		5.1 TITLE					
NAME		5.2 NAME					
REET ADDRESS		5.3 STREET ADDRESS					
TY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE		6.1 TITLE					
NAME		6.2 NAME					
REET ADDRESS		6.3 STREET ADDRESS					
TY-ST-ZIP		6.4 CITY-ST-ZIP					

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)