

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S66233** (5)

1. Corporation Name
SPECIALTY ENTERPRISES, INC.



Principal Place of Business: 20821 DEL LUNA DR BOCA RATON FL 33433
Mailing Address: 20821 DEL LUNA DR BOCA RATON FL 33433

2. Principal Place of Business
21 20821 DEL LUNA
Suite, Apt. #, etc.
22 Boca Raton, FL
City & State
23 33433
Zip
24 USA
Country
25
26 SAME
Suite, Apt. #, etc.
27 Boca Raton, FL
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 07/16/1991
3a. Date of Last Report: 04/04/1995
4. FEI Number: 65-0262542
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**SCHWARTZ, HOWARD L.
2424 N FEDERAL HWY
SUITE 314
BOCA RATON FL 33431**

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's name must be typed on this form)

DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLAGHER, DANI LYONS	
STREET ADDRESS	643 LINCOLN AVE.	
CITY- ST- ZIP	GRAYSLAKE IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOTINE, ROBERT, JR.	
STREET ADDRESS	178 79 ST	
CITY- ST- ZIP	BROOKLYN NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLAGHER, CHRISTIAN ANN	
STREET ADDRESS	50 PARIRIE AVE	
CITY- ST- ZIP	HIGHWOOD IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dani Lyons Gallagher

4/4/96 407-483-1379
Date City/State/Phone #

CR2E034 (12/95)