SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name INTERSPEC ENTERPRISES, INC. Principal Place of Business Mailing Address 245 GRANT AVENUE 245 GRANT AVENUE SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 3. Date Incorporated or Qualified 3a. Date of Last Report 05/26/1992 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3115444 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζιp Country Country Ζιο 8. This corporation has liability for intangible tax under s. 199.032 24 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name **DUNCAN, JOHN** 245 GRANT AVENUE Street Address (P.O. Box Number is Not Acceptable) 62 SATELLITE BEACH FL 32937 **B3** 84 City 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, type-dipriprinted name of registered agent and little if applicable (NOTE: Registered Agent's greature required when reinstating: DATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) TITLE DELETE 1 1 TITLE ___ Change ___ Addition DUNCAN, JOHN NAME 1.2 NAME CR2E034 245 GRANT AVE. STREET ADDRESS 1.3 STREET ADDRESS SATELLITE BEACH FL CITY ST-ZIP 14 CITY - ST - ZIP TITLE DELETE 2.1 THILE Change ____ Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY-ST-ZIP 2 4 CITY - ST-ZIP TITLE DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 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 trusted empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

> 6/1/96 407-777-1820 Daylotte Proce :