

FILED
Jun 28, 1999 8:00 am
Secretary of State

06-28-1999 90006 004 ***150.00

08-06-1999 90003 002 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V69422			
1. Corporation Name SCIENTIFIC SPECIALISTS, INC.			
Principal Place of Business 1720 DIAMOND DRIVE ORLANDO FL 32807 1445 Bobwhite Trail Chuluota, FL 32766		Mailing Address 1720 DIAMOND DRIVE ORLANDO FL 32807	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 1445 Bobwhite Trail Suite, Apt. #, etc. 22 City & State Chuluota FL 23 Zip 32766 Country USA		3. Date Incorporated or Qualified 10/07/1992 4. FEI Number 59-3153358 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CLAUSEN, CHRISTIAN 1720 DIAMOND DRIVE ORLANDO FL 32807		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 Chuluota FL 85 Zip Code 32766	
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 <u>Christian A. Clausen</u> DATE <u>April 28/1999</u> (NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAUSEN, CHRISTIAN A III 1720 DIAMOND DR. ORLANDO FL 32807	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> 1445 Bobwhite Trail Chuluota FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #