

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F42811 (2)
 1. Corporation Name
S, B & H, INC.



Principal Place of Business 150 SE FOUR WINDS DR.. #409 STUART FL 34996	Mailing Address 150 SE FOUR WINDS DR.. #409 STUART FL 34996
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 08/31/1981	
21		26		4. FEI Number 59-2136132	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent STEGER, SAM T 301 E OCEAN BLVD STE 310 STUART FL 34994				10. Name and Address of New Registered Agent			
81 Name		Warren Bilchik					
82 Street Address (P.O. Box Number is Not Acceptable)		9130 S. Dadeland Blvd., suite 1101					
83							
84 City		Miami		85 Zip Code 33156			

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 *Warren Bilchik* **Warren Bilchik** DATE **3-24-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHUR, SOL		1.2 NAME		
STREET ADDRESS	150 S.E. FOUR WINDS DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 00000		1.4 CITY-ST-ZIP		
TITLE	DSI	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHUR, MILDRED		2.2 NAME	Shur, Mildred	
STREET ADDRESS	150 S.E. FOUR WINDS DR.		2.3 STREET ADDRESS	150 SE Four Winds Dr.	
CITY-ST-ZIP	STUART, FL 00000		2.4 CITY-ST-ZIP	Stuart, Florida 34996	
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BILCHIK, GLORIA		3.2 NAME	Bilchik, Gloria	
STREET ADDRESS	10921 CHALET		3.3 STREET ADDRESS	10921 chalet ct.	
CITY-ST-ZIP	CREVE COEUR MO		3.4 CITY-ST-ZIP	St. Louis, MO 63141	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	Eden, Joyce	
STREET ADDRESS			4.3 STREET ADDRESS	150 SE Four Winds Dr.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Stuart, Florida 34996	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	Shur, Renee	
STREET ADDRESS			5.3 STREET ADDRESS	150 SE Four Winds Dr.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Stuart, Florida 34996	
TITLE		<input type="checkbox"/> DELETE	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: *Mildred Shur* **MILDRED SHUR** *March 10, 1998* **March 10, 1998** *561-286-1287*

CFR2E034 (10/97)