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FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F95000006076 (2)
1. Corporation Name
SHEAD ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1351 TWIN RIVERS BLVD. OVIEDO FL 32765
Mailing Address: 1351 TWIN RIVERS BLVD. OVIEDO FL 32765

3. Date Incorporated or Qualified: 12/13/1995
4. FEI Number: 58-2104460
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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business (21-23)
2a. Mailing Address (24-26)
City & State (22, 27)
Zip (23, 28)
Country (25, 30)

9. Name and Address of Current Registered Agent
SHEAD, DEBORAH L
1351 TWIN RIVERS BLVD.
OVIEDO FL 32765

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: P
NAME: SHEAD, DAVID C
STREET ADDRESS: 1351 TWIN RIVERS BLVD.
CITY-ST-ZIP: OVIEDO FL 32765
TITLE: SDC
NAME: SHEAD, DEBORAH L
STREET ADDRESS: 1351 TWIN RIVERS BLVD.
CITY-ST-ZIP: OVIEDO FL 32765

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: *Deborah L Shead* DEBORAH L SHEAD Treas/Sec 3-17-98 407-316-9108

CR2E034 (10/97)