

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L19073** (0)

1. Corporation Name
S.H. FLORIDA INVESTMENT CORPORATION

Principal Place of Business
**100 NORTH WILKES BARRE BLVD
WILKES BARRE PA 18702**

Mailing Address
**100 NORTH WILKES BARRE BLVD
WILKES BARRE PA 18702**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/28/1989** 3a. Date of Last Report **12/01/1994**

4. FEI Number **52-1647392** 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**

7. The corporation has liability for intangible tax under S. 198.012, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 State Apt # etc

26 State Apt # etc

22 City & State

28 City & State

24 ZIP Country

29 ZIP Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0602 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 607.0602, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Signature of Registered Agent is required)

Signature of Registered Agent (Signature of Registered Agent is required)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	D
12.2 NAME	HOLTZMAN, SEYMOUR
12.3 STREET ADDRESS	300 S.E. 5TH AVE., 8100A
12.4 CITY, ST, ZIP	BOCA RATON FL
12.5 TITLE	SD
12.6 NAME	SCIANDRA, MARIA
12.7 STREET ADDRESS	100 N. WILKES BARRE BLVD
12.8 CITY, ST, ZIP	WILKES BARRE PA
12.9 TITLE	VD
12.10 NAME	VERANO, JAMES R
12.11 STREET ADDRESS	100 N. WILKES BARRE BLVD
12.12 CITY, ST, ZIP	WILKES BARRE FL
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	
12.17 TITLE	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST, ZIP	

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(b), 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. I am an officer or director of the corporation or the recipient 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 of this report, or on an attachment with an address.

SIGNATURE: *James R. Verano* **JAMES R. VERANO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 (717) 822-6277
Date Electron Filing #