

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

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000005561 (3)  
1. Corporation Name  
SHPC, INC.



Principal Place of Business  
5206 R POWERS AVE  
JACKSONVILLE FL 32217  
US  
5105 Phillips Highway #205  
SAR. FL 32207

Mailing Address  
4215 SOUTHPOINT BOULEVARD  
SUITE 100  
JACKSONVILLE FL 32216-0999

3. Date Incorporated or Qualified 01/24/1994  
3a. Date of Last Report 05/01/1996  
4. FEI Number 59-3221535 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 5105 Phillips Hwy.  
Suite, Apt. #, etc.  
22 Suite 205  
City & State  
23 Jacksonville FL  
Zip Country  
24 32207 25 US 29 30

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N  
4215 SOUTHPOINT BOULEVARD  
SUITE 100  
JACKSONVILLE FL 32216

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 607.0502 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, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	DPST HERMAN, STUART	9443 LITA ROAD WEST	JACKSONVILLE FL	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1					
1.2					
1.3					
1.4					
2.1				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2					
2.3					
2.4					
3.1				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2					
3.3					
3.4					
4.1				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2					
4.3					
4.4					
5.1				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2					
5.3					
5.4					
6.1				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2					
6.3					
6.4					

14. I do 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: Stuart Herman 4/18/97

CR2E034 (9/96)