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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 572186

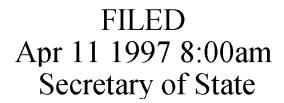
(5)

SHCM HOLDINGS, INC.

(S

rincipal Place of	Business

Malling Address





PORT ORANGE F	C VETTO	, 0.0, 0.0.00	RT ORANGE FL 32119-7455		3. Date Incorporated or Qualified 05/17/1978	3a. Date of Last Report 02/12/1996		
2. Ponc pal Pla	acc of Business	2a. Mailing Address			4. FEI Number	.1 +-1.		pplied For
<u></u>		26			59-1830507		N	ot Applicable
Suite, Apt #	, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	D.		Additional tequired
Oily & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζψ·	Country 25	Ζίρ 29	Country 30	,		Yes [] No	s. 199.032,
	9. Name and Address of Curren	t Registered Agent		,	10. Name and Address of New Re	gistered A	igent	
JOHN	SON,STEPHEN		81	Name				
	CLYDE MORRIS BLVD. ORANGE FL 32119		82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
, , , , ,			83					
			84	City		FL	85 Zip	Code
****	Signature By within printed harmonifungin rowst age OF FICE RS ANI	s and the ill approable (NO	OTE. Registered Ag	upen stotsrigia Ine	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE SERS AND	DIRECTO	RS IN 12
12.	PD OF THE RS AND	DELETE	1.1 TOTAE	<u>-</u>	ADDITIONS/CHANGES TO CITY	DEFICITION.	Change	
	JOHNSON, STEPHEN		1.2 NAME					
	4558 CLYDE MORRIS BLVD.			T ADDRESS				
	PORT ORANGE FL		1,4 CITY -					
	VPD	DELETE	2.1 TITLE				Change	Additio
	JOHNSON, RUTH G		2.2 NAME					
	4558 CLYDE MORRIS BLVD.			T ADDRESS				
	PORT ORANGE FL	DELETE	2 4 CITY 31 THILE	SY-ZIP			Change	Additio
	TSD TROST, JOHN W.	□ pterie	3.2 NAME				2	
	4558 CLYDE MORRIS BLVD.			T ADDRESS				
	PORT ORANGE FL		3.4. CITY					
HT.f	D	DELETE	4.1 TITLE				Change	Additi
	TROST, BRENDA		4. 2 NAM					
SPREEF ACCUSESS.	4558 CLYDE MORRIS BLVD.		1	T ADDRESS				
CHY-SL-ZIP	PORT ORANGE FL	DELETE	4.4 CITY - 5.1 TITLE				Change	Additio
TIME	JOHNSON, CAROL	ר"ו מברכוב	5.1 BILE 5.2 NAME				J.id.igo	
NAME STREET ADDRESS	4558 CLYDE MORRIS BLVD.	•		T ADDRESS				
City St. Zir	PORT ORANGE FL		5.4 City	·				
TIFLE	I WILL VIRWING IN	DELETE	61 TITLE		All the second s		Change	Additi
NAMI			6.2 NAME					
STEEL FALCORISS			6.3 STRE	T ADDRESS				
CITY-51-ZIP			6.4 CITY	S1 - ZIP				

14. I do hereby certily 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 on 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:

COMMENTAL OF SIGNING OFFICER OR DIRECTOR

1/2/97 (904)756-1800 Date Prone #