

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

FILED  
Mar 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **695793** (0)  
1. Corporation Name  
**SHSA, INC.**



Principal Place of Business <b>2018 US 19 HOLIDAY FL 34691-4345 US</b>	Mailing Address <b>2018 US 19 HOLIDAY FL 34690</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3836 Headsail Drive</b> Suite, Apt. #, etc. <b>22</b>		2a. Mailing Address <b>26 3836 Headsail Drive</b> Suite, Apt. #, etc. <b>27</b>		3. Date Incorporated or Qualified <b>07/23/1981</b>	
City & State <b>23 New Port Richey, FL</b>		City & State <b>28 New Port Richey, FL</b>		4. FEI Number <b>59-2113979</b> Applied For Not Applicable	
Zip <b>24 34652-4418</b>		Zip <b>29 34652-4418</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No				7. Name and Address of Current Registered Agent <b>SALAFIA, F. EILEEN 2018 US 19 HOLIDAY FL 34691</b>	
10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>3836 Headsail Drive</b> <b>83</b> <b>84 City</b> <b>New Port Richey</b> <b>FL</b> <b>85 Zip Code</b> <b>34652-4418</b>					

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Change</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SALAFIA, EILEEN F.</b>		1.2 NAME	
STREET ADDRESS <b>2018 US 19</b>		1.3 STREET ADDRESS <b>3836 Headsail Drive</b>	
CITY-ST-ZIP <b>HOLIDAY, FL 00000</b>		1.4 CITY-ST-ZIP <b>New Port Richey, FL 34652-4418</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME <b>SALAFIA, JAMES P.</b>		2.2 NAME	
STREET ADDRESS <b>2018 US 19</b>		2.3 STREET ADDRESS <b>3836 Headsail Drive</b>	
CITY-ST-ZIP <b>HOLIDAY, FL 00000</b>		2.4 CITY-ST-ZIP <b>New Port Richey, FL 34652-4418</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 *[Signature]* **3-31-98 8:13-944 7320**

CR2E034 (10/97)