

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:12

DOCUMENT # 768678 (5)

1. Corporation Name
SHCC SERVICES, INC.

Principal Place of Business Mailing Address
% T. L. TRIMBLE 2400 BEDFORD RD.
ORLANDO FL 32803 ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/27/1983	3a. Date of Last Report 02/10/1994
4. FEI Number 59-2291046	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
TRIMBLE, TAMARA L.
2400 BEDFORD RD.
ORLANDO FL 32803

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature of current registered agent and board of directors (607.0505) Registered Agent signature required when necessary (607.1508)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CHOBAN, GLENWOOD T.
STREET ADDRESS	500 WINDERLEY PL 115
CITY ST. ZIP	MAITLAND, FL.
TITLE	ASD
NAME	LIWAG, MELCHOR R.
STREET ADDRESS	500 WINDERLEY PLACE #115
CITY ST. ZIP	MAITLAND, FL.
TITLE	D
NAME	WIESE, CALVIN
STREET ADDRESS	2400 BEDFORD ROAD
CITY ST. ZIP	ORLANDO FL
TITLE	STD
NAME	CENTER, RICHARD
STREET ADDRESS	3978 MEMORIAL DR
CITY ST. ZIP	DECATURN GA
TITLE	
NAME	
STREET ADDRESS	
CITY ST. ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST. ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	STD
43 STREET ADDRESS	CENTER, RICHARD
44 CITY - ST - ZIP	3978 MEMORIAL DRIVE
45 CITY - ST - ZIP	DECATUR, GA
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	AS
53 STREET ADDRESS	L. MARK BLOCK
54 CITY - ST - ZIP	2400 BEDFORD ROAD
55 CITY - ST - ZIP	ORLANDO, FL 32803
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.02(3)(g), Florida Statutes. I further certify that I am an officer or director of the corporation at the time of this report and that my signature shall have the same legal effect as if made under oath, and that I am authorized to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE: *L. Mark Block* 2/10/95 407-897-1919
L. Mark Block, Assistant Secretary