

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90017 022 ****61.25

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DOCUMENT # 768678

1. Corporation Name

SHCC SERVICES, INC.

Principal Place of Business

**500 WINDERLEY PLACE, SUITE 115
MAITLAND FL 32751
US**

Mailing Address

**111 NORTH ORLANDO AVENUE
SUITE 115
WINTER PARK FL 32789
US**



2. Principal Place of Business

21 602 Courtland Street

2a. Mailing Address

26 602 Courtland Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 200

27 Suite 200

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip

Country

Zip

Country

24 32804

25

29 32804

30

3. Date Incorporated or Qualified

05/27/1983

4. FEI Number

59-2291046

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

9. Name and Address of Current Registered Agent

**STEWART, J. DARIN
111 NORTH ORLANDO AVENUE
WINTER PARK FL 32789**

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE **PD** ☐ DELETE

NAME **CHOBAN, GLENWOOD T.**

STREET ADDRESS **500 WINDERLEY PL 115**

CITY-ST-ZIP **MAITLAND, FL.**

TITLE **ASD** ☐ DELETE

NAME **LIWAG, MELCHOR R.**

STREET ADDRESS **500 WINDERLEY PLACE #115**

CITY-ST-ZIP **MAITLAND, FL.**

TITLE **D** ☐ DELETE

NAME **WIESE, CALVIN**

STREET ADDRESS **111 NORTH ORLANDO AVENUE**

CITY-ST-ZIP **WINTER PARK FL**

TITLE **STD** ☐ DELETE

NAME **CENTER, RICHARD**

STREET ADDRESS **3978 MEMORIAL DR**

CITY-ST-ZIP **DECATUR GA**

TITLE **AS** ☐ DELETE

NAME **BLOCK, L. MARK**

STREET ADDRESS **111 NORTH ORLANDO AVENUE**

CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/99

(407) 647-4400

CR2E037 (11/98)