

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F42811** (2)
1. Corporation Name
S, B & H, INC.



Principal Place of Business 150 SE FOUR WINDS DR., #409 STUART FL 34996	Mailing Address 150 SE FOUR WINDS DR., #409 STUART FL 34996
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date incorporated or Qualified 08/31/1981	
		4. FEI Number 59-2136132		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	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent STEGER, SAM T 301 E OCEAN BLVD STE 310 STUART FL 34994		10. Name and Address of New Registered Agent 81 Name Warren Bilchik 82 Street Address (P.O. Box Number is Not Acceptable) 9130 S. Dadeland Blvd., Suite 1101 83 84 City Miami FL 85 Zip Code 33156	
--	--	---	--

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 *Warren Bilchik* **Warren Bilchik** **3-24-98**
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	DP SHUR, SOL <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUR, SOL	1.2 NAME	
STREET ADDRESS	150 S.E. FOUR WINDS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DSI SHUR, MILDRED <input type="checkbox"/> DELETE	2.1 TITLE	PD Shur, Mildred <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUR, MILDRED	2.2 NAME	150 SE Four Winds Dr.
STREET ADDRESS	150 S.E. FOUR WINDS DR.	2.3 STREET ADDRESS	Stuart, Florida 34996
CITY-ST-ZIP	STUART, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD BILCHIK, GLORIA <input type="checkbox"/> DELETE	3.1 TITLE	SD Bilchik, Gloria <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILCHIK, GLORIA	3.2 NAME	10921 Chalet Ct.
STREET ADDRESS	10921 CHALET	3.3 STREET ADDRESS	St. Louis, MO 63141
CITY-ST-ZIP	CREVE COEUR MO	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VD Eden, Joyce <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	150 SE Four Winds Dr.
STREET ADDRESS		4.3 STREET ADDRESS	Stuart, Florida 34996
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TD Shur, Renee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	150 SE Four Winds Dr.
STREET ADDRESS		5.3 STREET ADDRESS	Stuart, Florida 34996
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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: *Mildred Shur* **MILDRED SHUR** **March 10, 1998** **561-286-1287**

CR2E034 (10/97)