

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90015 024 ***150.00

DOCUMENT # G67043

1. Corporation Name
SHCM HIALEAH, INC.

Principal Place of Business
10065 RED RUN BLVD.
OWINGS MILLS MD 21117

Mailing Address
10065 RED RUN BLVD.
OWINGS MILLS MD 21117



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/28/1983	
21		26		4. FEI Number 56-1386719	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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	CEO	1.1 TITLE	P
NAME	SWAIN, W S	1.2 NAME	Taylor Pickett
STREET ADDRESS	6000 MEADOWBROOK MALL 200	1.3 STREET ADDRESS	10065 Red Run Blvd
CITY-ST-ZIP	CLEMMONS NC 27012	1.4 CITY-ST-ZIP	owings mills, MD 21117
TITLE	PVP	2.1 TITLE	V
NAME	HERZOG, LAVERNE P	2.2 NAME	mark Fulchino
STREET ADDRESS	689 DELTONA BLVD	2.3 STREET ADDRESS	10065 Red Run Blvd
CITY-ST-ZIP	DELTONA FL 32725	2.4 CITY-ST-ZIP	owings mills, MD 21117
TITLE	T	3.1 TITLE	T
NAME	MUENCHOW, M R	3.2 NAME	Robert Stephenson
STREET ADDRESS	6000 MEADOWBROOK MALL 200	3.3 STREET ADDRESS	10065 Red Run Blvd
CITY-ST-ZIP	CLEMMONS NC 27012	3.4 CITY-ST-ZIP	owings mills MD 21117
TITLE	S	4.1 TITLE	S/D
NAME	HUTCHINS, FAYE J	4.2 NAME	marc B. Levin
STREET ADDRESS	6000 MEADOWBROOK MALL 200	4.3 STREET ADDRESS	10065 Red Run Blvd
CITY-ST-ZIP	CLEMMONS NC 27012	4.4 CITY-ST-ZIP	owings mills MD 21117
TITLE		5.1 TITLE	D
NAME		5.2 NAME	marshall A. Elkins
STREET ADDRESS		5.3 STREET ADDRESS	10065 Red Run Blvd
CITY-ST-ZIP		5.4 CITY-ST-ZIP	owings mills MD 21117
TITLE		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, with all other like empowered.

SIGNATURE: *Mark Fulchino* 4/6/99 410.998.8578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)