


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

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

05-03-1999 90015 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J29904					
1. Corporation Name SHCM BONTERRA, INC.					
Principal Place of Business 10065 RED RUN BLVD. OWINGS MILLS MD 21117			Mailing Address 10065 RED RUN BLVD. OWINGS MILLS MD 21117		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/20/1986	
21		26		4. FEI Number 58-1707831	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				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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					
TITLE	CEOV	<input checked="" type="checkbox"/> DELETE			
NAME	SWAIN, W S				
STREET ADDRESS	6000 MEADOWBROOK MALL 200				
CITY-ST-ZIP	CLEMMONS NC 27012				
TITLE	PVP	<input checked="" type="checkbox"/> DELETE			
NAME	HERZOG, LAVERNE P				
STREET ADDRESS	689 DELTONA BLVD				
CITY-ST-ZIP	DELTONA FL 32725				
TITLE	T	<input checked="" type="checkbox"/> DELETE			
NAME	MUENCHOW, M R				
STREET ADDRESS	6000 MEADOWBROOK MALL 200				
CITY-ST-ZIP	CLEMMONS NC 27012				
TITLE	S	<input checked="" type="checkbox"/> DELETE			
NAME	HUTCHINS, FAYE J				
STREET ADDRESS	6000 MEADOWBROOK MALL 200				
CITY-ST-ZIP	CLEMMONS NC 27012				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	Taylor Pickett				
1.3 STREET ADDRESS	10065 Red Run Blvd				
1.4 CITY-ST-ZIP	Owings Mills MD 21117				
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	Mark Fulchino				
2.3 STREET ADDRESS	10065 Red Run Blvd				
2.4 CITY-ST-ZIP	Owings Mills MD 21117				
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	Robert Stephenson				
3.3 STREET ADDRESS	10065 Red Run Blvd				
3.4 CITY-ST-ZIP	Owings Mills MD 21117				
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	Marc B. Levin				
4.3 STREET ADDRESS	10065 Red Run Blvd				
4.4 CITY-ST-ZIP	Owings Mills MD 21117				
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	Marshall A. Elkins				
5.3 STREET ADDRESS	10065 Red Run Blvd				
5.4 CITY-ST-ZIP	Owings Mills, MD 21117				
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99
Date

410.998.8578
Daytime Phone #

CR2E034 (11/98)