

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1990. AMOUNT DUE ON OR BEFORE 6/30/90: \$225 (IF DISSOLVED, REISSUANCE AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:26

DOCUMENT # L65703 (5)

1. Corporation Name
SHMS, INC.

Principal Place of Business: **3120 - 3100 N.W. 131ST STREET OPA LOCKA FL**
Mailing Address: **C/O STRONG PROPERTIES 1201 SOUTH ORLANDO AVE. SUITE 300 WINTER PARK FL 32780**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quashed: **04/17/1990**
3a. Date of Last Report: **01/10/1995**

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

4. FEI Number: **65-0213935**
Applied Fee: 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**

7. This corporation has liability for enterprise tax under s. 1091.002 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CHOOS, S. SCOTT ATTY. 15800 S.W. 288TH STREET, #312 HOMESTEAD FL 33033		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 of Registered Agent or Secretary of State)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	HILL, WALTER 18480 SW 82 AVE MIAMI FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	SRDOC, ERNESTINA 1051 N.W. 8TH STREET PEMBROKE PINES FL 33028	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	HILL, ERTHA L 18480 S.W. 82ND AVE. MIAMI FL 33189	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I know the quality for the information stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information reflected 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: *Walter Hill* **Walter Hill** 6/15/93 835-8510
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CRE004 (3/95)