

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandhya B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M24786** (9)

1. Corporation Name
STRATEGIC HEALTH DEVELOPMENT CORPORATION



Principal Place of Business
**9315 NE 6 AVE #A1
MIAMI SHORES FL 33138**

Mailing Address
**9315 NE 6 AVE #A1
MIAMI SHORES FL 33138**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/18/1985

3a. Date of Last Report
03/09/1995

4. FET Number
59-2626367

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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

10. Name and Address of New Registered Agent

**MILLER, JAMES M.
801 BRICKELL AVENUE
24TH FLOOR
MIAMI FL 33131**

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

Alfred J. Karniewicz, Jr.

As To Registered Agent Signature: Enter Date

DATE

2/15/96

12. OFFICERS AND DIRECTORS

12.1 TITLE	ST	<input type="checkbox"/> DELETE
12.2 NAME	KARNIEWICZ, CYNTHIA L.	
12.3 STREET ADDRESS	1008 PINE BRANCH DRIVE	
12.4 CITY-STATE-ZIP	FT. LAUDERDALE FL	
12.5 TITLE	C	<input type="checkbox"/> DELETE
12.6 NAME	KARNIEWICZ, ALFRED JR.	
12.7 STREET ADDRESS	1008 PINE BRANCH DRIVE	
12.8 CITY-STATE-ZIP	FT. LAUDERDALE FL	
12.9 TITLE	P	<input type="checkbox"/> DELETE
12.10 NAME	WALLBANK, NIGEL	
12.11 STREET ADDRESS	10600 SW 72 CT	
12.12 CITY-STATE-ZIP	MIAMI FL	
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE-ZIP		
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 TITLE	
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report, or an attachment, with an address.

SIGNATURE:

Alfred J. Karniewicz, Jr.

Alfred J. Karniewicz, Jr. 2/15/96

305/754-7433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)