FILE NOW: FILING FEE AFTER MAY 1ST IS \$5

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT DF STATE

Sandra B. Mort

Secretary of Sta

DIVISION OF CORPO ATIONS

## **FILED** Jan 26 1998 8:00am Secretary of State



P94000025812 (6) DOCUMENT #
1. Corporation Name SHM CONSTRUCTION, INC.

Principal Place of Business 4500 NW 28TH AVENUE

2. Principal Place of Business

**BOCA RATON FL 33434** 

Suite, Apt. #, etc.

City & State

21

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23 Zip

24

Country

9. Name and Address of Current Registered Agent

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4500 NW 28TH AVE. **BOCA RATON FL 33434** 

Mailing Address

2a. Mailing Address

City & State

Zio

Suite, Apt. #, etc.

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DO NOT WRITE IN THIS SPACE

☐ Yes

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

**\$5.00** May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

04/05/1994 4. FEI Number

65-0482421

5. Certificate of Status Desired

5. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

MILLER, SCOTT 4500 NW 28TH AVENUE BOCA RATON FL 33434			81	1	Vame	ame					
			82	Street Address (P.O. Box Number is Not Acceptable)							
BUCA RATUN PL 33434			83	<del> -</del>				<del></del>			
			84	-	City	FL	85	Zip (	Code		
11 Divergent to the provisions of Sections 607 0502 and 607 1508 Florida Statutes the s			0.0000	Ļ	omod o		chan	nina it	registered		
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.			State Bull officers codeman months and								
TITLE			1.1 TITLE	-		ADDITIONATION TO STRICE TO STRICE TO ARE	Cr		Addition		
NAME	MILLER, SCOTT H		.2 NAME				_				
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NAME	■ <sup>27</sup>		6.2 NAME 6.3 STREET ADDRESS								
-STREET ADDRESS											
14. I hereby certify that the information exampled with this filling does not qualify for the ex-			evemot	tioi	n stated	Lin Section 119 07(3)(i) Florida Statutes   further ce	rtify th	at 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.											

Country

30

CATEIGNATURE REQUIRED (561)998-7178