FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMITTED BY MAY 1,

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000063509 (1)**

1. Corporation Name
SHSPEC, INC.

Principal Place of Business	Mailing Address
6400 N. ANDREWS AVE. FT. LAUDERDALE FL 33309	6400 N. ANDREWS AVE. FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified: **08/29/1994** | 3a. Date of Last Report:

21 2. Principal Place of Business | 26 2a. Mailing Address

22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc.

23 City & State | 28 City & State

24 Zip | 25 County | 29 Zip | 30 County

4. FEI Number: 65-0521767 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WALKER, WILLIAM H JR
WHITE & CASE
200 S. BISCAYNE BLVD., SUITE 4900
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Bryan Duke
82 Street Address (P.O. Box Number is Not Acceptable): 6400 North Andrews Ave
83: 5th Floor
84 City: Ft Lauderdale **FL** 85 Zip Code: 33309

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 _____ DATE: April 25, 1995
Signature, Typed or Printed Name of Registered Agent and Title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DP	☒ Change ☐ Addition
NAME	STILES, TERRY W	12 NAME	Stiles Terry W	
STREET ADDRESS	6400 N. ANDREWS AVE.	13 STREET ADDRESS	6400 N Andrews Ave	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	14 CITY-ST-ZIP	Ft Lauderdale FL	
TITLE		21 TITLE	T	☐ Change ☒ Addition
NAME		22 NAME	Eagon Douglas P	
STREET ADDRESS		23 STREET ADDRESS	6400 N Andrews Ave	
CITY-ST-ZIP		24 CITY-ST-ZIP	Ft Lauderdale FL	
TITLE		31 TITLE	VP	☐ Change ☒ Addition
NAME		32 NAME	Palmer, Stephen R	
STREET ADDRESS		33 STREET ADDRESS	6400 N Andrews Ave	
CITY-ST-ZIP		34 CITY-ST-ZIP	Ft Lauderdale FL	
TITLE		41 TITLE	S	☐ Change ☒ Addition
NAME		42 NAME	Schlegel, Patricia J	
STREET ADDRESS		43 STREET ADDRESS	6400 N Andrews Ave	
CITY-ST-ZIP		44 CITY-ST-ZIP	Ft Lauderdale FL	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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)(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 added, above with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0216373 CP