

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000063509 (1)

1. Corporation Name  
SHSPEC, INC.



Principal Place of Business

6400 N. ANDREWS AVE.  
FT. LAUDERDALE FL 33309

Mailing Address

6400 N. ANDREWS AVE.  
FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified 08/29/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0521767	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUKE, BRYAN  
6400 NORTH ANDREWS AVE 5TH FLOOR  
~~200 S. DISCAYNE BLVD., SUITE 4900~~  
FT LAUDERDALE FL 33309

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	300001812598
NAME	STILES, TERRY W	1.2 NAME	-05/08/96--01011--021
STREET ADDRESS	6400 N. ANDREWS AVE.	1.3 STREET ADDRESS	***200.00
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	(VT) EAGON, DOUGLAS P.
NAME	EAGON, DOUGLAS P	2.2 NAME	(same address)
STREET ADDRESS	6400 N ANDREWS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	PALMER, STEPHEN R	3.2 NAME	
STREET ADDRESS	6400 N ANDREWS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	(VS) SCHLEGEL, PATRICIA J.
NAME	SCHEGEL, PATRICIA J	4.2 NAME	(same address)
STREET ADDRESS	6400 N ANDREWS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	(V) Stine, James W.
NAME		5.2 NAME	(same address)
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	(V) Coffey, Kevin
NAME		6.2 NAME	(same address)
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

5-1-96

CR2E034 (12/95)