

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 33309-2172



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/29/1994		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0521767		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DUKE, BRYAN  
6400 NORTH ANDREWS AVE 5TH FLOOR  
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE 4/14/97  
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	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STILES, TERRY W			1.2 NAME			
STREET ADDRESS	6400 N. ANDREWS AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EAGON, DOUGLAS P			2.2 NAME			
STREET ADDRESS	6400 N ANDREWS AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	V8	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHLEGEL, PATRICIA J			4.2 NAME			
STREET ADDRESS	6400 N ANDREWS AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STINE, JAMES W			5.2 NAME			
STREET ADDRESS	6400 N. ANDREWS AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33309			5.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COFFEY, KEVIN			6.2 NAME			
STREET ADDRESS	6400 N. ANDREWS AVE.			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33309			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_

CR2E034 (9/96)