

FILED
Apr 20 1998 8:00am
Secretary of State

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

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

DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified 08/29/1994		
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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	81	Name
	82	Street Address
	83	
	84	City

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

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	<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	VS	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SCHLEGEL, PATRICIA J		4.2 NAME	VS			
STREET ADDRESS	6400 N ANDREWS AVE		4.3 STREET ADDRESS	JONES, PATRICIA			
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP	6400 N ANDREWS AVE			
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 checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	COFFEY, KEVIN		6.2 NAME	V			
STREET ADDRESS	6400 N. ANDREWS AVE.		6.3 STREET ADDRESS	DUKE, BRYAN			
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		6.4 CITY-ST-ZIP	6400 N. ANDREWS AVE			
				FT LAUDERDALE FL 33309			

14. I 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 charged to be an attachment with an address.

SIGNATURE:  2/23/98 954/776-9300