

FILE NOW: FILING FEE AFTER MAY 1 IS \$650.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY -2 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000046193(5)

1. Corporation Name
S.H. + E., Inc.

Principal Place of Business
9237 Fable St.
Orlando, FL 32817

Mailing Address
P.O. Box 4694
Winter Park, FL 32793-4694

3. Date Incorporated or Qualified
6/95

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

59-3324344

Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23. Zip

Country

28. Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24. Zip

Country

29. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Dorothy F. Hardee
9237 Fable St.
Orlando, FL 32817

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 Dorothy F. Hardee

SIGNATURE Dorothy F. Hardee

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Dorothy F. Hardee
STREET ADDRESS 9237 Fable St
CITY, ST, ZIP Orlando, FL 32817

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2.1. TITLE
2.2. NAME
2.3. STREET ADDRESS
2.4. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1. TITLE
3.2. NAME
3.3. STREET ADDRESS
3.4. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1. TITLE
4.2. NAME
4.3. STREET ADDRESS
4.4. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1. TITLE
5.2. NAME
5.3. STREET ADDRESS
5.4. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1. TITLE
6.2. NAME
6.3. STREET ADDRESS
6.4. CITY, ST, ZIP

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 contained 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
Dorothy F. Hardee

4/28/97

Date

407-657-0770

Daytime Phone #

CR2E034 (9/96)