

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000066786 (1)

1. Corporation Name
SHEA 90 CORPORATION

Principal Place of Business C/O STATE BOARD OF ADMINISTRATION SUITE 100 TALLAHASSEE FL 32308 US	Mailing Address P O BOX 13300 TALLAHASSEE FL 32317-300 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1801 Hermitage Blvd. Suite, Apt. #, etc. 22 Suite 600 City & State 23 Tallahassee, Florida Zip Country 24 32308 25 US		2a. Mailing Address 26 1801 Hermitage Blvd. Suite, Apt. #, etc. 27 Suite 600 City & State 28 Tallahassee, Florida Zip Country 29 32308 30 US		3. Date Incorporated or Qualified 08/29/1995	
		4. FEI Number 59-3352743		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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

TODD, DAVID E
1801 HERMITAGE BLVD
SUITE 100
TALLAHASSEE FL 32308

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

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	D	1.1 TITLE	VAS
NAME	BENNETT, DOUGLAS W	1.2 NAME	Luanne K. Good
STREET ADDRESS	1801 HERMITAGE BOULEVARD	1.3 STREET ADDRESS	1801 Hermitage Boulevard
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D	2.1 TITLE	DVAS
NAME	MILLER, TODD A	2.2 NAME	James W. Horton
STREET ADDRESS	1801 HERMITAGE BOULEVARD	2.3 STREET ADDRESS	1801 Hermitage Boulevard
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	P	3.1 TITLE	P
NAME	DECOSTA, LALER	3.2 NAME	Laler DeCosta
STREET ADDRESS	1150 LAKE HEARN DRIVE NE #400	3.3 STREET ADDRESS	3424 Peachtree Road N.E., Suite 800
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	T	4.1 TITLE	V
NAME	SNEDEKER, PATRICIA	4.2 NAME	Michael J. Krier
STREET ADDRESS	1150 LAKE HEARN DRIVE SUITE 400	4.3 STREET ADDRESS	19800 MacArthur Blvd., Suite 1000
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	Irving, CA 92715
TITLE	S	5.1 TITLE	D
NAME	HARRINGTON, EVELYN	5.2 NAME	Jeffrey L. Smith
STREET ADDRESS	1150 LAKE HEARN DRIVE NE SUITE 400	5.3 STREET ADDRESS	1801 Hermitage Boulevard
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Douglas W. Bennett, Director

850-488-4406

CR2E034 (10/97)