May 04, 1999 8:00 am Secretary of State

05-04-1999 90058 043 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000073264

1. Corporation Name							
SHG PROPERTIES, INC.							
					1 100110011110 1110 1010 101111 101111 101111 101111 101111 101111 101111 101111 101111 10111 10111 101111 10111 10111 10111 10111 10111 10111 10111 10		
							ENKLALAL KEEL
Principal Place of Business Mailing Address							#1111 #1#1 I##1
8204 W WATERS AVE 8204 W WATERS AVE							
SUITE 130 SUITE 130				DO NOT WRITE IN THIS SPACE			
TAMPA FL 33615				3. Date Incorporated or Qualifed]	
US US					09/20/1995		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apı	plied For
21 26				34-1811935		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 A	Additional	
22 27		27			5. Certifcate of Status Desired	Fee Re	quired
City & State City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23 28		28	28		Trust Fund Contribution Added to Fees		
Zip	Country Zip		Country		8. This corporation owes the current year	Intangible	_/
24	25 29 30			Personal Property Tax.		<u>⊡</u> %₀	
	9. Name and Address of Curren	t Registered Agent	81	None	10. Name and Address of New Register	ed Agent	
QUEEN, STEVEN M				Name	en Steven M		
9620 FREDRICKSBURG ROAD			82		ss (P.O. Box Number is Not Acceptable)		
TAMPA FL 33635			83	8921	Promise Dr		
1740	1412 00000		63				
			84	City		L 85 Zip C	Code 6
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				named cornor	ration submits this statement for the number	of changing its	registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such chande was a	uthorized by t	ine comoration	's board of directors. I hereby accept the ap	pointment as req	gistered
SIGNATURE	, , ,				_		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature)				t signature required v			DC IN 12
12.	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	P OUTEN OTENEN M	C) Dereie	1.1 TITLE			Change	ار العوالي
NAME	QUEEN, STEVEN M		1.2 NAME				
STREET ADDRESS	* · · · · · · · · · · · · · · · · · ·		1.3 STREET				
CITY-ST-ZIP	TAMPA FL 33615 V □ DELETE		1.4 CITY-ST 2.1 TITLE	-ZIP		☐ Change	Addition
TITLE			2.2 NAME			•	_
NAME ADDRESS	WHYTSELLL, HARRY 2001 CROCKER RD SUITE 530		2.3 STREET	ADODESS			
STREET ADDRESS	WEST AVE OU ALAS		2.4 CITY-ST	1			
CITY-ST-ZIP	T DELETE		3.1 TITLE	1-21	. #r 40-mi	☐ Change	☐ Addition
NAME	FINKLER, GREGG R		3.2 NAME				
STREET ADDRESS	1660 SPRAGUE ROAD SUITE 2	285	3.3 STREET	ADDRESS			
CITY-ST-ZIP	MIDDLBURG HTS OH 44130		3.4. CITY-ST		·		
TITLE	DELETE		4.1 TITLE	· - -		☐ Change	Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
C/TY-ST-ZIP			4.4 CITY-ST	-ZIP			
TITLE	DELETE		5.1 TTLE		· ·	☐ Change	Addition
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREET	ADDRESS	•		
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST	-ZIP			
TITLE		DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADORESS			6.3 STREET	ADDRESS			

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS