

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

FILED
May 07 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 # P95000080995 (0)

1. Corporation Name
SPS HOLDINGS, INC.



Principal Place of Business 1610 INDEPENDENT SQUARE STE. 2000 JACKSONVILLE FL 32202 US	Mailing Address 1610 INDEPENDENT SQUARE STE. 2000 JACKSONVILLE FL 32202 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2121 Cornell Street Suite, Apt. #, etc. 22 City & State 23 Sarasota FL 24 Zip 34237 25 Country USA		2a. Mailing Address 26 2121 Cornell Street Suite, Apt. #, etc. 27 City & State 28 Sarasota FL 29 Zip 34237 30 Country USA		3. Date Incorporated or Qualified 10/23/1995	4. FEI Number 65-0614803	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent MAIN, JAMES L KIRSCHNER, MAIL, GRAHAM, TANNER & DEMONT 1610 INDEPENDENT SQUARE, STE. 2000 JACKSONVILLE FL 32202				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			
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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 type for printed name of registered agent and then if applicable (If 111 Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ASHBY, PAMELA			1.2 NAME	Steven F. Motycka		
STREET ADDRESS	2121 CORNELL STREET			1.3 STREET ADDRESS	2121 Cornell Street		
CITY-ST-ZIP	SARASOTA FL 34237			1.4 CITY-ST-ZIP	Sarasota, FL 34237		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCRAE, WALKER			2.2 NAME			
STREET ADDRESS	1725 MEMORIAL PARK DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACDONNELL, RUSSELL R			3.2 NAME			
STREET ADDRESS	2121 CORNELL STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34237			3.4 CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PURCELL, KENNEH E			4.2 NAME			
STREET ADDRESS	1610 INDEPENDENT SQUARE			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEIN, ROBERT L			5.2 NAME			
STREET ADDRESS	1610 INDEPENDENT SQUARE			5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUNHN, JOHN			6.2 NAME			
STREET ADDRESS	14 SOUTH MAIN ST.			6.3 STREET ADDRESS			
CITY-ST-ZIP	GREENVILLE SC			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 as an attachment with an address.

SIGNATURE: _____

4-23-98

CR2E034 (10/97)