

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

APPROVED
AND
FILED

1997 MAR -7 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1996-1997			
DOCUMENT #		P95000085976	
1. Corporation Name		SHAND FINANCIAL, INC.	
Principal Place of Business		Mailing Address	
3916 SW 19 ST GAINESVILLE, FL 32608		3916 SW 19 ST GAINESVILLE, FL. 32608	
2. Principal Place of Business		2a. Mailing Address	
21. State		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
25. Country		30. Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
EUGENE RICHTER 3916 SW 19 ST GAINESVILLE, FL. 32608		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 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 officer 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		DATE	
EUGENE RICHTER		3/4/97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE		1.1 TITLE	
2. NAME		1.2 NAME	
3. STREET ADDRESS		1.3 STREET ADDRESS	
4. CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
5. TITLE		2.1 TITLE	
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
9. TITLE		3.1 TITLE	
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
13. TITLE		4.1 TITLE	
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
17. TITLE		5.1 TITLE	
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
21. TITLE		6.1 TITLE	
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	
14. I, the Secretary, 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 supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that any 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, I changed, or on an attachment with an address.			
SIGNATURE:		1/21/97 (352) 336-6780	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		EUGENE RICHTER	

CR2E034 (9/96)