


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

FILED
Feb 09 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 # P96000000334 (8)
 1. Corporation Name
SHEEHAN INVESTMENTS, INC.

Principal Place of Business 13037 GULF BLVD. MADEIRA BEACH FL 33708	Mailing Address 13037 GULF BLVD. MADEIRA BEACH FL 33708
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 13535 Feather Sound Dr.	26 13535 Feather Sound Dr			01/02/1996	
Suite, Apt. #, etc. 22 Suite 125		Suite, Apt. #, etc. 27 Suite 125		4. FEI Number 59-3352782	
City & State 23 Clearwater, FL		City & State 28 Clearwater, FL		Applied For Not Applicable	
Zip 24 33762	Country 25 U.S.	Zip 29 33762	Country 30 U.S.	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					

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHEEHAN, DENNIS M 13037 GULF BLVD. MADEIRA BEACH FL 33708				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 13535 Feather Sound Dr.			
				83 Suite 125			
				84 City Clearwater FL 85 Zip Code 33762			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, DENNIS M	1.2 NAME	
STREET ADDRESS	13037 GULF BLVD.	1.3 STREET ADDRESS	13535 Feather Sound Dr. Suite 125
CITY-ST-ZIP	MADEIRA BEACH FL 33708	1.4 CITY-ST-ZIP	Clearwater, FL 33762
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, MICHELE	2.2 NAME	
STREET ADDRESS	13037 GULF BLVD.	2.3 STREET ADDRESS	13535 Feather Sound Dr. Suite 125
CITY-ST-ZIP	MADEIRA BEACH FL 33708	2.4 CITY-ST-ZIP	Clearwater FL 33762
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: Dennis M Sheehan 2-3-98 (813) 572-4664

CR2E034 (10/97)