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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OP\$ITATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000048732 (7)

S & H ASSOCIATES, INC.

Principal Place of Business Mailing Address									
701 SPOTT	TIS WOODE LANE TER FL 34616	701 SPOTTIS WOODE LANE CLEARWATER FL 34616-5267							
						3. Date Incorporated or Qualified 06/05/1996	3a. Da	ate of Last F	Report
2. Princip	pal Place of Business	2a. Mailing Address			4. FEI Number		Α	pplied For	
21		26			59-3403196		N	ot Applicable	
Sulte, A	Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & :	State	City & State			Election Campaign Financing     Trust Fund Contribution			May Be to Fees	
Zip 24	Country Zip Cou			ountry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No				
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
SHEPPARD, PATRICK 701 SPOTTIS WOODE LANE CLEARWATER FL 34616				81 82		ress (P.O. Box Number is Not Accepta	ble)		
CLEANWAIGH PL 34010				83					
				84	City		FL	<b>85</b> Zip	Code
I office	ant to the provisions of Sections 607.05 or registered agent, or both, in the Stat t. I am familiar with, and accept the obli	e of Florida. Such chang	e was authoriz	zed by	the corpora	poration submits this statement for the tion's board of directors. I hereby acce	ourpose o	f changing i pointment as	its registered registered
SIGNATUI	RE Signature, typed by printed name of registered as	gont and title if applicable	(NOTE: Registe	ered Age	nt signalure requi	ired when reinstaling)	DATE		
12.	OFFICERS A	ND DIRECTORS	13	3.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE	D	D£t	ETE 1.1	TITLE	1			Change	Addition
NAME	SHEPPARD, PATRICK		1.2	NAME	ROLAN	D ROGERS			

701 SPOTTIS WOODE LANE 13 STREET ADDRESS 512 MAYO STREET **CLEARWATER FL 34616** CITY-ST-ZIP 1.4 CHTY - S1 - ZIP CRYSTAL BEACH, FL. 34681 DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE 5.1 TITLE 300002217493 NAME 5.2 NAME -06/19/97--01092--037 STREET ADDRESS 5.3 STREET ADDRESS \*\*\*165.00 CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE 6.1 TITLE Addition TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. I do 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 information indicated on this appear report or supplemental argued proof is true and accurate and that my signature shall have the same legal effect as if made I am an officer or director of the composition or the receiver true empowered to execute this report as required by Chapter 607, Florida Statutes; and that Nort is true and accurate and that my signature shall have the same legal effect as if made under eath; that e empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

5-28-97 8125880405

**FILED** 

Jun 19 1997 8:00am

Secretary of State