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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000052365

1. Corporation Name
SH GENERAL PARTNER, INC.



Principal Place of Business
**4000 SANDESTIN BLVD. SOUTH
 DESTIN FL 32541**

Mailing Address
**C/O ROBERT KAMM
 4000 SAN DESTIN BLVD. S.
 DESTIN FL 32541
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified
06/19/1996

4. FEI Number 59-3398819	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 the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**LLOYD, BRENDA
 4000 SANDESTIN BLVD. SOUTH
 DESTIN FL 32541**

10. Name and Address of New Registered Agent

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'NEAL, MIKE	
STREET ADDRESS	2200 WOODHILL	
CITY-ST-ZIP	EDMOND OK	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LOWE, BURTON	
STREET ADDRESS	1219 ROXMERE RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ADAMS, CHARLES	
STREET ADDRESS	104 LIVERPOOL STREET	
CITY-ST-ZIP	WILLIAMSBURG VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, WALTER	
STREET ADDRESS	711 WALNUT ST	
CITY-ST-ZIP	HELENA AR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATTHEWS, J.D.	
STREET ADDRESS	130 WEKEFIELD LANE	
CITY-ST-ZIP	ATHENS GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KAMM, ROBERT	
STREET ADDRESS	4000 SANDESTIN BLVD. S.	
CITY-ST-ZIP	DESTIN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Kamm DATE: 3-10-99 DAYTIME PHONE #: 901-681-9181

CR2E034 (1/198)