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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 12 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000088820 (1)

SBH ENTERPRISES, INC.

14. Thereby certify that the information saindicated on this annual report or for officer or director of the corporation Block 12 or Block 13 if changed, and

Principal Place of Business		Mailing Address			19191 19191 19119 11911 9911 1931	
343 DEVON PLACE LAKE MARY FL 32746		343 DEVON PLACE LAKE MARY FL 32746		DO NOT WRITE IN THI	IS SPACE	
					3. Date Incorporated or Qualified 10/28/1996	
	Place of Business	2a. Mailing Address		*****	4. FEI Number	Applied For
21		26	6		59-3448481	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip 24	Country   Zip   30   30		Country 30	y 	This corporation owes or has paid the corporation owes or has paid the corporation of the Personal Property Tax due June 30.	Yes 💹 No
ļ <u>.</u>	9. Name and Address of Curren	t Registered Agent		T	10. Name and Address of New Registere	d Agent
EDWARDS, MARK L			81	Name		
343 DÉVON PLACE LAKE MARY FL 32746			82 Street Addre		ddress (P.O. Box Number is Not Acceptable)	
			83			
			84	City	F	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	Signature, typed or printed name of registered ager	Facilities if applicable (NO)	£ Registered Ag	ont signature re	equired when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	=		1.1 TITLE			Change Addition
NAME	EDWARDS, MARK L		1.2 NAME			
STREET ADDRESS	343 DEVON PLACE		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY FL 32746		1.4 CITY-ST-ZIP			
TITLE	PCEO	∟ DELETE				Change Addition
NAME HERBER, SUSAN B STREET ADDRESS 343 DEVON PL			2.2 NAME			
STREET ADDRESS	LAKE MARY FL			ADDRESS		
CITY-ST-ZIP TITLE	VP	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE			Change Addition
NAME	ANT ANTAL EDIO		3.2 NAME			C change C Addition
STREET ADDRESS	A4A ONIDY BROOK IN			I ADDRESS		
CITY-ST-ZIP MOORE OK			3.4 CITY-ST-ZIP			
TITLE 81		<b>DELETE</b>	4.1 TITLE			Change Addition
NAME	EDWARDS, MARK L		4. 2 NAME			
STREET ADDRESS	343 DEVON PL		4.3 STREET	F ADDRESS		
CITY-ST-ZIP	HEATHROW FL 4.4		4.4 CITY-5			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP		****	5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	DELETÉ 6.1 TITLE			☐ Change ☐ Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		,

the exemption stated in Section 119.07(3)(i), Florida Statutes. Liturther certify that the information ate and that my signature shall have the same logal effect as if made under path; that I am an accute this report as required by Chapter 607, Florida Statules, and that my name appears in