

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S33236 (8)**

1. Corporation Name

**S-H PROPERTY MANAGEMENT, INC.**



Principal Place of Business

**200 S. ANDREWS AVE 6TH FL.  
FT LAUDERDALE FL 33301**

Mailing Address

**200 S. ANDREWS AVE 6TH FL.  
FT LAUDERDALE FL 33301**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2R. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
**02/20/1991**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number

**65-0255666**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES INC.  
801 BRICKELL AVE.  
SUITE 2400  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **American Information Services, Inc**  
82 Street **One S.E. Third Avenue**  
83 **27th Floor**  
84 City **Miami** FL 85 Zip Code **33131**

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          | <b>DPS</b>                        | <input type="checkbox"/> DELETE            |
| NAME           | <b>ROCHON, RICHARD C.</b>         |  |
| STREET ADDRESS | <b>200 S. ANDREWS AVE. 6FL</b>    |  |
| CITY-ST-ZIP    | <b>FT LAUDERDALE FL</b>           |  |
| TITLE          | <b>T</b>                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>MORSE, STEPHEN R</b>           |  |
| STREET ADDRESS | <b>200 S. ANDREWS AVE. 6FL</b>    |  |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL 33301</b>    |  |
| TITLE          | <b>V</b>                          | <input type="checkbox"/> DELETE            |
| NAME           | <b>PIERCE, WILLIAM</b>            |  |
| STREET ADDRESS | <b>200 S. ANDREWS AVE 6TH FL.</b> |  |
| CITY-ST-ZIP    | <b>FT LAUDERDALE FL 33301</b>     |  |
| TITLE          |                                   | <input type="checkbox"/> DELETE            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> DELETE            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |

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 checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>T</b>   |
| 2.3 STREET ADDRESS | <b>Cris V. Branden</b>   |
| 2.4 CITY-ST-ZIP    | <b>200 S. Andrews Ave., 6th Floor</b>  |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>V/AS</b>  |
| 3.3 STREET ADDRESS | <b>William M. Pierce</b>   |
| 3.4 CITY-ST-ZIP    | <b>200 S. Andrews Ave., 6th Floor</b>  |
| 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           | <b>900001811279</b>  |
| 6.3 STREET ADDRESS | <b>-05/07/96--01091--011</b>   |
| 6.4 CITY-ST-ZIP    | <b>***6000.00</b>  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)