

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

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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S36198** (7)

1. Corporation Name
FHS CORPORATE SERVICES, INC.



Principal Place of Business 11780 U.S. HIGHWAY ONE SUITE 300 N. PALM BEACH FL 33408	Mailing Address 11780 U.S. HIGHWAY ONE SUITE 300 N. PALM BEACH FL 33408-3075
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3. Date Incorporated or Qualified 03/01/1991	3a. Date of Last Report 04/10/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number 65-0266868	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLEMING-HALE SHAW & GUNDLACH PA *Name Change
**11780 US HWY ONE STE 300
SUITE 300
NORTH PALM BEACH FL 33408**

81 Name Fleming, Haile & Shaw, P.A.
82 Street Address Box Number Not Applicable 11780 U.S. Highway One, Ste. 300
83 Suite Suite 300
84 City North Palm Beach FL
85 Zip Code 33408

* **Fleming, Haile & Shaw, P.A.**

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 *James H. Schnare II* **James H. Schnare II, Sec.** 3-28-97 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHNARE, JAMES H.		1.2 NAME	
STREET ADDRESS 11780 US HWY ONE, #300		1.3 STREET ADDRESS	
CITY-ST-ZIP NORTH PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLEMING, JOSEPH M.		2.2 NAME	
STREET ADDRESS 11780 US HWY ONE, #300		2.3 STREET ADDRESS	
CITY-ST-ZIP NORTH PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHAW, DAVID M.		3.2 NAME	
STREET ADDRESS 11780 US HWY ONE, #300		3.3 STREET ADDRESS	
CITY-ST-ZIP NORTH PALM BEACH FL		3.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TASINI, OREN S.		4.2 NAME	
STREET ADDRESS 11780 US HWY ONE, #300		4.3 STREET ADDRESS	
CITY-ST-ZIP NORTH PALM BEACH FL		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 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 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: *James H. Schnare II* **James H. Schnare II, President** 3-28-97 (561)627-8100

CR2E034 (9/96)