


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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V38416** (6)
1. Corporation Name
SPHS, INC.



Principal Place of Business 2295 CORPORATE BLVD NW SUITE 222 BOCA RATON FL 33431	Mailing Address 2295 CORPORATE BLVD NW SUITE 222 BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/22/1992
				4. FEI Number 65-0334476 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
				5. Certificate of Status Desired <input checked="" 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

g. Name and Address of Current Registered Agent HERRICK, NORTON 2295 CORPORATE BLVD NW SUITE 222 BOCA RATON FL 33431		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	1.1 TITLE	PDS
NAME	HERRICK, NORTON	1.2 NAME	
STREET ADDRESS	2295 CORPORATE BLVD, NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	VDAS	2.1 TITLE	VAS
NAME	HERRICK, HOWARD	2.2 NAME	
STREET ADDRESS	20 COMMERCIAL PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN N	2.4 CITY-ST-ZIP	
TITLE	VDT	3.1 TITLE	VAS
NAME	HERRICK, EVAN	3.2 NAME	
STREET ADDRESS	20 COMMUNITY PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN N	3.4 CITY-ST-ZIP	
TITLE	VDAS	4.1 TITLE	VAS
NAME	HERRICK, MICHAEL	4.2 NAME	
STREET ADDRESS	2295 CORPORATE BLVD NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: _____

VIP 3/26/98 511-241-9880

CR2E034 (10/97)