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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 160092

1. Corporation Name SHORES DEVELOPMENT, INC.

Principal Place of Business 4000 TOWERSIDE TERRACE STE 1912 MIAMI FL 33138 US

Mailing Address 4000 TOWERSIDE TERRACE STE 1912 MIAMI FL 33138 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/02/1950

4. FEI Number 59-0607035 Applied For Not Applicable

5. Certificate of Status Desired [X] \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. [ ] Yes [X] No

2. Principal Place of Business 441 Valencia

2a. Mailing Address 441 Valencia

22. Suite, Apt. #, etc. STE 703

27. Suite, Apt. #, etc. STE 703

23. City & State Coral Gables FL

28. City & State Coral Gables FL

24. Zip 33134 25. Country USA

29. Zip 33134 30. Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSEN, SAM 4000 TOWERSIDE TERRACE STE 1912 MIAMI FL 33138

81 Name ROSEN, SAM

82 Street Address (P.O. Box Number is Not Acceptable) 441 Valencia

83 STE 703

84 City Coral Gables, FL FL 85 Zip Code 33134

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 SAM ROSEN VPTD

DATE 1/15/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [X] Change [ ] Addition

TITLE PD NAME ROSEN, SAM STREET ADDRESS 4000 TOWERSIDE TERRACE #1912 CITY-ST-ZIP MIAMI FL

1.1 TITLE VPTD 1.2 NAME ROSEN, SAM 1.3 STREET ADDRESS 441 Valencia #703 1.4 CITY-ST-ZIP Coral Gables, FL 33134

TITLE STD NAME ROSEN, PHYLLIS STREET ADDRESS 4000 TOWERSIDE TERRACE #1912 CITY-ST-ZIP MIAMI FL

2.1 TITLE [ ] Change [ ] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE [ ] DELETE NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE PSD 3.2 NAME ROSEN, WAYNE 3.3 STREET ADDRESS 441 Valencia #703 3.4 CITY-ST-ZIP Coral Gables, Fl. 33134 [ ] Change [X] Addition

TITLE [ ] DELETE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [ ] Change [ ] Addition

TITLE [ ] DELETE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE [ ] Change [ ] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE [ ] DELETE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE [ ] Change [ ] 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: SAM ROSEN, VPTD

DATE 1/15/99 (305)441-8786 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)