

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

0203383

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90192 043 ***158.75

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 ☒

\$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 ☒ No

2. Principal Place of Business
21 **441 Valencia**

2a. Mailing Address
26 **441 Valencia**

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

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

City & State
23 **Coral Gables FL**

City & State
28 **Coral Gables FL**

Zip Country
24 **33134** 25 **USA**

Zip Country
29 **33134** 30 **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** 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**

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE **PSD** ☐ Change ☒ Addition
3.2 NAME **ROSEN, WAYNE**
3.3 STREET ADDRESS **441 Valencia #703**
3.4 CITY-ST-ZIP **Coral Gables, FL 33134**

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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

1/15/99 (305) 441-8786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)