


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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 403134 (0)

1. Corporation Name
TWIN SHORES, INC.



Principal Place of Business 3740 GULF OF MEXICO DR. LONGBOAT KEY FL 34228-2709	Mailing Address 3740 GULF OF MEXICO DR. LONGBOAT KEY FL 34228-2709
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 8220 Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 8220 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/13/1972	4. FEI Number 59-1414446	Applied For <input type="checkbox"/> Not Applicable
22 City & State Longboat Key, Fla.		27 City & State Longboat Key, Fla.		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
23 Zip 34228	25 Country Sarasota	29 Zip 34228	30 Country Sarasota	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent HAMMOND, RICHARD W. 3740 GULF OF MEXICO DR. LONGBOAT KEY FL 34228-2709				10. Name and Address of New Registered Agent			
				81 Name HAMMOND, Richard W.			
				82 Street Address (P.O. Box Number is Not Acceptable) 572 CUTLER LANE			
				83			
				84 City Longboat Key, FL	85 Zip Code 34228		

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 STD	HAMMOND, RICHARD W 22307 HALBURTON RD. BEACHWOOD OH <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE PD	HAMMOND, JUDITH 22307 HALBURTON RD BEACHWOOD, OH 00000 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE VD	BAILEY, ELIZABETH 990 SOM CENTER ROAD MAYFIELD VILLAGE OH <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	FINK, ELIZABETH
STREET ADDRESS		3.3 STREET ADDRESS	6 HANOVER LANE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BEACHWOOD, OHIO
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Judith A. Hammond* 3-16-98 216-921-4061 941-383-2811

CR2E034 (10/97)