

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

FILED
May 19 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 # 420654 (6)
1. Corporation Name
SHORE'S, INC.

Principal Place of Business
201-3 BROADWAY
KISSIMMEE FL.

Mailing Address
201-3 BROADWAY
KISSIMMEE FL.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/08/1973	
4. FEI Number 59-1440201	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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	
SHORE, HELEN W. 201-3 BROADWAY KISSIMMEE FL 32741	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

10. Name and Address of New Registered Agent	

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	VS	1.1 TITLE	☐ Change ☐ Addition
NAME	CROSS, HELEN S.	1.2 NAME	
STREET ADDRESS	502 MABBETTE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL.	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	SHORE, HELEN W.	2.2 NAME	
STREET ADDRESS	720 CANTERBURY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL.	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	☐ Change ☐ Addition
NAME	WICKER, ELIZABETH	3.2 NAME	
STREET ADDRESS	408 LATONIA	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL.	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	GRAVES, PAULA J.	4.2 NAME	
STREET ADDRESS	1009 NINTH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLEASANT GROVE AL	4.4 CITY-ST-ZIP	
TITLE	AVP	5.1 TITLE	☐ Change ☐ Addition
NAME	CROSS, GEORGE A	5.2 NAME	
STREET ADDRESS	502 MABBETTE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL.	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 _____

CR2E034 (10/97)