


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90072 047 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707621**

1. Corporation Name  
**THE SHORES CONDOMINIUM, INC.**

Principal Place of Business 1700 NORTHEAST 105TH STREET MIAMI SHORES FL 33138	Mailing Address 1700 NORTHEAST 105TH STREET MIAMI SHORES FL 33138
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>07/21/1964</b>
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1095398</b>
23 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
24 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
25 Country	29 Country	30 Country
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		

9. Name and Address of Current Registered Agent <b>POLIAKOFF, GARY A. 6520 N. ANDREWS AVENUE FT. LAUDERDALE FL 33310-6057</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WETTERER, MARY</b>	1.2 NAME	
STREET ADDRESS	<b>1700 NE 105 STREET, #112</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI SHORES FL 33138</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NUNNALLY, G. ANN</b>	2.2 NAME	<b>Weiner, Leonard</b>
STREET ADDRESS	<b>1700 NE 105 STREET, #106</b>	2.3 STREET ADDRESS	<b>1700 NE 105 Street #302</b>
CITY-ST-ZIP	<b>MIAMI SHORES FL 33138</b>	2.4 CITY-ST-ZIP	<b>Miami Shores, FL 33138</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPAULDING, RICHARD</b>	3.2 NAME	
STREET ADDRESS	<b>1700 NE 105 STREET, #315</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI SHORES FL 33138</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENDERSON, THOMAS HANK</b>	4.2 NAME	
STREET ADDRESS	<b>1700 N.E. 105TH ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AST</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>AST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WEINER, LEONARD</b>	5.2 NAME	<b>Dominick Tagliaferri</b>
STREET ADDRESS	<b>1700 NE 105 STREET, #302</b>	5.3 STREET ADDRESS	<b>1700 NE 105 Street #310</b>
CITY-ST-ZIP	<b>MIAMI SHORES FL 33130</b>	5.4 CITY-ST-ZIP	<b>Miami Shores, FL 33138</b>
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)(l), 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 617, 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: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 **2/16/99**  
 Date Daytime Phone #

CR2E037 (1/198)