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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:28

DOCUMENT # 133703 (9)

1. Corporation Name

NORTH SHORE CORPORATION THE

Principal Place of Business

17 E. 47TH ST.
NEW YORK NY 10017

Mailing Address

17 E. 47TH ST.
NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/07/1937

3a. Date of Last Report

05/01/1994

4. FEI Number

59-0379107

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 has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEWART, CARL M
ULMER, MURCHISON, ASBY AND TAYLOR
200 W. FORSYTH ST., STE. 1600
JACKSONVILLE FL 32202

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

ROBINETTE, GEORGE E

STREET ADDRESS

235 BAINTREE ROAD

CITY - ST - ZIP

ROSEMONT, PA 00000

TITLE

PD

NAME

SLOANE, HOWARD G

STREET ADDRESS

8 OAK LANE

CITY - ST - ZIP

LARCHMONT, NY 00000

TITLE

VTD

NAME

SMADBECK, ARTHUR J

STREET ADDRESS

R.F.D. 65-A BOX 3 N/A

CITY - ST - ZIP

EDGARTOWN MA

TITLE

VD

NAME

SMADBECK, PAUL

STREET ADDRESS

TITICUS ROAD ROUTE 116

CITY - ST - ZIP

NORTH SALEM NY

TITLE

SAT

NAME

ROSENBAUM, HOWARD

STREET ADDRESS

328 EAST 52ND STREET

CITY - ST - ZIP

NEW YORK, NY 00000

TITLE

VD

NAME

HART, WILLIAM D JR

STREET ADDRESS

DEER PARK ROAD

CITY - ST - ZIP

NEW CANAAN, CONN 00000

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), 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:

Howard Rosenbaum Howard Rosenbaum 2/3/95 212-331-7773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THE NORTH SHORE CORPORATION

<u>Name of Officers & Directors</u>	<u>Title</u>	<u>Address</u>	<u>City & State</u>
Renato Guce	A/S-A/T	104-57 112th St Richmond Hill, NY 11419	
John D. MacNeary	D	1 Harrison Avenue West Caldwell, NJ 07006	
Gwenyth Roberts	D	408-101 Harbour Point Virginia Beach, VA 23451	
Virginia Sloane	D	8 Oak Lane Larchmont, NY 10538	