

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

FILED

**May 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 183678 (2)
1. Corporation Name
SHORES-PARK CO.



Principal Place of Business: 320 NW 115 ST. MIAMI SHORES FL 33168
Mailing Address: 320 NW 115 ST. MIAMI SHORES FL 33168-3322

2. Principal Place of Business: 21 P O Box 220650
22 Suite, Apt. #, etc.
23 City & State: Hollywood, FL
24 Zip: 33022-0650 25 Country: USA

2a. Mailing Address: 26 Same
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified: 03/01/1955
3a. Date of Last Report: 02/15/1996
4. FEI Number: 59-6077432
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

9. Name and Address of Current Registered Agent: PADRON, OSCAR J, 320 NW 115 ST., MIAMI SHORES FL 33168

10. Name and Address of New Registered Agent: 81 Name: Ellen W. Spitzer, 82 Street Address: 1915-A Hollywood Blvd., 83 City: Hollywood, 84 City, 85 Zip Code: FL 33030

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] DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	KNIGHT, JOHN ROBERT	
STREET ADDRESS	320 NW 115 ST.	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	VD PDS	<input type="checkbox"/> DELETE
NAME	SPITZER, ELLEN W	
STREET ADDRESS	320 NW 115 ST.	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEST, MARILYN	
STREET ADDRESS	75 E PARKWAY N	
CITY-ST-ZIP	MEMPHIS, TN 00000	
TITLE	PDP	<input checked="" type="checkbox"/> DELETE
NAME	MCDONNELL, ELLEN W	
STREET ADDRESS	320 NW 115 ST.	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SASLAW, GARY	
STREET ADDRESS	20801 BISCAYNE BLVD SUITE 304	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TD	
1.3 STREET ADDRESS	Knight, John Robert	
1.4 CITY-ST-ZIP	P O Box 220650 - Hollywood, FL 33022-0650	
2.1 TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Spitzer, Ellen W.	
2.3 STREET ADDRESS	P O Box 220605, Hollywood, FL 33022-0650	
2.4 CITY-ST-ZIP	1915-A HOLLYWOOD BLVD, HOLLYWOOD FL 33022	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	West, Marilyn A.	
3.3 STREET ADDRESS	P.O. Box 220650, Hollywood, FL 33022-0650	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: [Signature] 2-24-97 927-6027

CR2E034 (9/96)