FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 245846 (1)

1. Corporation Name
SHERATON SHORES INC

Principal Place of Business	Mailing Address
9 WEST 9TH STREET P. O. BOX 1379 TULSA OK 74101 US	9 WEST 9TH STREET P. O. BOX 1379 TULSA OK 74101 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1961
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-0967759 — 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 [X] Yes ☐ No

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

9. Name and Address of Current Registered Agent

MOORE, TUCKER
16700 GULF BLVD.
REDINGTON BCH. FL 33708

10. Name and Address of New Registered Agent

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	P D ST — [X] Change [X] Addition
NAME	MOORE, C. T.	1.2 NAME	
STREET ADDRESS	16700 GULF BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	N REDINGTON BCH FL	1.4 CITY-ST-ZIP	33708
TITLE	SDT	2.1 TITLE	VD — [X] Change [X] Addition
NAME	CARTWRIGHT, MARY K.	2.2 NAME	
STREET ADDRESS	5309 E PALOMINO RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ	2.4 CITY-ST-ZIP	85018
TITLE	STD	3.1 TITLE	V D — [X] Change [X] Addition
NAME	MOORE, MELISSA A.	3.2 NAME	
STREET ADDRESS	16700 GULF BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. REDINGTON BCH FL	3.4 CITY-ST-ZIP	33708
TITLE		4.1 TITLE	V — ☐ Change [X] Addition
NAME		4.2 NAME	B. A. A. MOHR
STREET ADDRESS		4.3 STREET ADDRESS	P.O. BOX 1724
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33731
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: C. T. Moore — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 — DATE — Daytime Phone #

0302389 CP