

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 434365 (3)

1. Corporation Name

FLORIDA SHORES REALTY, INC.



Principal Place of Business

231 SOUTH FEDERAL HIGHWAY  
POMPANO BEACH FL 33062

Mailing Address

3218 E ATLANTIC BLVD  
POMPANO BEACH FL 33062  
US

3. Date Incorporated or Qualified

09/05/1973

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3350 E. Atlantic Blvd

26 2649 N.E. 27th Ct.

4. FEI Number

59-1483098

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

22

City & State

23 Pompano Beach, FL

27

City & State

28 Lighthouse Point, FL

24 Zip

25 Country

29 Zip

30 Country

33062

US

33064

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COURANT, ROBERT V.  
2649 NE 27 CT  
LIGHTHOUSE POINT FL 33064

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 re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST  
NAME COURANT, ROBERT V.  
STREET ADDRESS 2649 NE 27 CT  
CITY-ST-ZIP LIGHTHOUSE PT FL ☐ DELETE

TITLE V  
NAME STRELKA, LADISLAV W.  
STREET ADDRESS 1340 S. OCEAN BLVD.  
CITY-ST-ZIP POMPANO BEACH FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE V  
2.2 NAME GARY S. COURANT  
2.3 STREET ADDRESS 3201 Coral Springs Dr.  
2.4 CITY-ST-ZIP Coral Springs, FL 33065 ☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96

954 946-0800

DATE

Daytime Phone #

CR2E034 (12/95)