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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 11 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 556970

(2)

SHORES & COMPANY, P.A.

Principal Place of Business Mailing Address											
255 S. ORANGE AVENUE SUITE # 1250 ORLANDO FL 32801 US			SUITE # 1	255 S. ORANGE AVENUE SUITE # 1250 ORLANDO FL 32801-3465 US							
			US					3. Date Incorporated or Qualified			
2. Principal Place of Business 2				2a. Mailing Address				01/01/1978 4. FEI Number	1 03/1		pplied For
21		26					59-1788225			ot Applicable	
Suite, Apt.	#, etc.	Suite,	Suite, Apt #, etc.							Additional	
22		27	· · · · · · · · · · · · · · · · · · ·				5. Certificate of Status Desired	L	Fee Re	equired	
City & State			} ₁	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zφ	L	Country	Zip		Cou	ntry		8. This corporation has liability for			
24	25		29		30			1	- · -] No	
	9. Name and	Address of Cur	ent Registered /	lgent				10. Name and Address of New Re	gistered A	.gent	
SHORES, WILLIAM L.						81	Name				
	2 EDMISTON P				82	Street Addr	dress (P.O. Box Number is Not Acceptable)				
LON	IGWOOD FL 32				83		***************************************				
						84	City			es Zio	Code
·									FL	1 1	
11. Pursuant I office or ri agent I a	to the provisions registered agent, im familiar with, a	of Sections 607.0 or both, in the St nd accept the ob	502 and 607.150 ate of Florida. Suc ligations of, Section	8, Florida Statu th change was on 607,0505, Fl	tes, the at authorized lorida Stat	oove d by utes	 named corp the corporati 	oration submits this statement for the pion's board of directors. I hereby accep	urpose of t the appo	changing it intment as	ts registered registered
SIGNATURE											
	Signalare, typed or pri		agent and title if applica	tile: (NO		i Ager	nt signature require	ed when reinstating)	DATE		
12.	DOT	OFFICERS A	AND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PDT			C DETEN	1.1 TII 1.2 NA					Change	Addition
NAME STREET ADORESS	SHORES, WII 1032 EDMIST			1.3 5			4000rce				
CITY-ST-ZIP	LONGWOOD										
TINE	LONGHOOD	1.6		DELETE	1.4 Ci 2.1 Til		1-21			Change	Addition
NAME					2 2 NA						
STREET ADORESS							ADDRESS				
City - St - ZiP					2. 4 C						
Tritt				DELETE	3.1 TO					Change	Addition
NAME					3.2 NA	ME	İ				
STREET ADDRESS					3.3 ST	REET :	ADDRESS				
CITY-ST-7IP					3.4. CI	TY-S	T-21P				
TITLE				☐ DELETE	4.1 10	LE				Change	Addition
NAME					4. 2 N	AME					
STHEET ADDRESS					4.3 ST	REET A	ADDRESS				
Crity - St - 2if*					4.4 CI	TY-\$1	1-21P				
10146				DELETE	5.1 Tit	LE	,			☐ Change	Addition
NAME					5.2 NA		`				
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP				D DECESTE	5.4 Cf		- ZIP				
117LF				DELETE	6.1 111				ı	☐ Change	Addition
NAME					6.2 NA						
STREET ADDRESS					6.3 \$T	REET A	ADDRESS	•			

14. I do hereby certify that the information supplied with this filling 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.