

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 575001 (3)
1. Corporation Name
ECOSHORES, INCORPORATED

Principal Place of Business	Mailing Address
3881 SOUTH NOVA ROAD PT ORANGE FL 32127-4950	3881 SOUTH NOVA ROAD PT ORANGE FL 32127-4950

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	
24	25	29	30

9. Name and Address of Current Registered Agent

BEEMAN, STEPHEN E
3881 S NOVA RD
PT ORANGE, FL
32127

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: Fragments of print signature required with registration)

12. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> DELETE
NAME	BEEMAN, GRACYE R	
STREET ADDRESS	3881 S. NOVA RD.	
CITY - ST - ZIP	PT ORANGE, FL 00000	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	BEEMAN, STEPHEN E	
STREET ADDRESS	3881 S. NOVA RD	
CITY - ST - ZIP	PT ORANGE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 N F	
1.3 S F ADDRESS	
1.4 C ST-ZIP	32127-4950
2.1 F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 N F	
2.3 S F ADDRESS	
2.4 C ST-ZIP	32127-4960
3.1 F	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 N F	
3.3 S F ADDRESS	
3.4 C ST-ZIP	
4.1 F	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 N F	
4.3 S F ADDRESS	
4.4 C ST-ZIP	
5.1 F	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 N F	
5.3 S F ADDRESS	
5.4 C ST-ZIP	
6.1 F	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 N F	
6.3 S F ADDRESS	
6.4 C ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certify that the information indicated on this annual report or supplemental annual report oath; that I am an officer or director of the corporation or the receiver or trustee employee appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

is not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
do and accurate and that my signature shall have the same legal effect as if made under
to execute this report as required by Chapter 607, Florida Statutes, and that my name

3/11/94 (904) 767 6232

CR2E034 (12/95)