


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 21 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 712259 (1)**

1. Corporation Name  
**SHORE PLAZA BUILDING OF TOWN APARTMENTS SOUTH NO. 101, INC.**

Principal Place of Business 1893 SHORE DRIVE SOUTH S. PASADENA FL 33707-4752	Mailing Address 113 S. MACDILL AVE #B C/O KI H. CHOI. CPA TAMPA FL 33609
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3. Date Incorporated or Qualified  
**02/15/1967**

4. FEI Number  
**59-1285579**

Applied For  
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**MIGA, HELEN**  
**1893 SHORE DR S #109**  
**S PASADENA FL 33707**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHALEN, HENRY	
STREET ADDRESS	1893 SHORE DR., SOUTH #205	
CITY-ST-ZIP	S. PASADENA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CREAMER, MARGARET	
STREET ADDRESS	1893 SHORE DR., SOUTH #204	
CITY-ST-ZIP	S. PASADENA FL 33707	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MIGA, HELEN	
STREET ADDRESS	1893 SHORE DR., SOUTH #109	
CITY-ST-ZIP	S. PASADENA FL	
TITLE	<del>DD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>CHAPMAN, MARY</del>	
STREET ADDRESS	<del>1893 SHORE DR., SOUTH #218</del>	
CITY-ST-ZIP	<del>S. PASADENA FL</del>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LONGPRE, ROLAND	
STREET ADDRESS	1893 SHORE DR. SO., #111	
CITY-ST-ZIP	S. PASADENA FL	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>MONKIO, SYLVIA</del>	
STREET ADDRESS	<del>1893 SHORE DR., SOUTH #214</del>	
CITY-ST-ZIP	<del>S. PASADENA FL 33707</del>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>SD</b>
4.3 STREET ADDRESS	<b>HOLBROOK, PATRICIA</b>
4.4 CITY-ST-ZIP	<b>1893 SHORE DR. SO. #316</b> <b>S. PASADENA, FL 33707</b>
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 checked="" type="checkbox"/> Addition
6.2 NAME	<b>D</b>
6.3 STREET ADDRESS	<b>Brown, Anna</b>
6.4 CITY-ST-ZIP	<b>1893 SHORE DR SO #302</b> <b>S. PASADENA, FL 33707</b>

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  *Helen Miga* **HELEN MIGA** 4/15/98

CR2E037 (10/97)