

FILE NOW: FILING FEE IS \$61.25

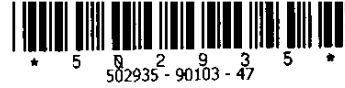
FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90103 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712259
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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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	3. Date Incorporated or Qualified 02/15/1967	4. FEI Number 59-1285579 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHALEN, HENRY	1.2 NAME	
STREET ADDRESS	1893 SHORE DR., SOUTH #205	1.3 STREET ADDRESS	
CITY-ST-ZIP	S. PASADENA FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREAMER, MARGARET	2.2 NAME	
STREET ADDRESS	1893 SHORE DR., SOUTH #204	2.3 STREET ADDRESS	
CITY-ST-ZIP	S. PASADENA FL 33707	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGA, HELEN	3.2 NAME	
STREET ADDRESS	1893 SHORE DR., SOUTH #109	3.3 STREET ADDRESS	
CITY-ST-ZIP	S. PASADENA FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLBROOK, PATRICIA	4.2 NAME	
STREET ADDRESS	1893 SHORE DR S #316	4.3 STREET ADDRESS	
CITY-ST-ZIP	S. PASADENA FL 33707	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGPRE, ROLAND	5.2 NAME	
STREET ADDRESS	1893 SHORE DR. SO., #111	5.3 STREET ADDRESS	
CITY-ST-ZIP	S. PASADENA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ANNA	6.2 NAME	
STREET ADDRESS	1893 SHORE DR S #302	6.3 STREET ADDRESS	
CITY-ST-ZIP	S. PASADENA FL 33707	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

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