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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F95000000534 (6)**

1. Corporation Name
FLORIDRON (SOUTH SHORES) LIMITED, INC.

Principal Place of Business	Mailing Address
~~100 CALEDONIA DRIVE~~ ~~MELBOURNE BEACH FL 32951~~ ~~US~~	~~100 CALEDONIA DRIVE~~ ~~MELBOURNE BEACH FL 32951-3902~~ ~~US~~

3. Date Incorporated or Qualified: 02/01/1995
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business	2a. Mailing Address
21 219 SALT GRASS PLACE	26 219 SALT GRASS PLACE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MELBOURNE BEACH, FL	City & State 28 MELBOURNE BEACH, FL
Zip 24 32951 Country 25 USA	Zip 29 32951 Country 30 USA

4. FEI Number: 59-3302691 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~BURNS, JULIE~~ ~~100 CALDENIA DRIVE~~ ~~MELBOURNE BEACH FL 32951~~	81 Name: BRIAN SCULTHORP 82 Street Address (P.O. Box Number is Not Acceptable): 219 SALT GRASS PLACE 83 84 City: MELBOURNE BEACH FL 85 Zip Code: 32951

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: Brian Sculthorp BRIAN SCULTHORP 4/21/97
Signature, type/printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC SCULTHORP, LEONARD E 115 ST. ANDREWS DR. GLASGOW G41 4RA UNITED KINDO ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCULTHORP, BRIAN M ~~134 CALEDONIA DRIVE~~ ~~MELBOURNE BEACH FL~~ ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D SCULTHORP, BRIAN M 219 SALT GRASS PLACE MELBOURNE BEACH, FL 32951 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brian Sculthorp BRIAN SCULTHORP 4/21/97 407-676 0521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #