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FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000005047 (4)

1. Corporation Name
NORTH SHORE REPORTING AGENCY, INC.



Principal Place of Business
1 MURRAY AVE
PORT WASHINGTON NY 11050

Mailing Address
1 MURRAY AVE
PORT WASHINGTON NY 11050-3502

3. Date Incorporated or Qualified 10/16/1995
3a. Date of Last Report 05/01/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 11-2576548	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country				

9. Name and Address of Current Registered Agent

MASCIA, CHRISTINE F
125 WORTH AVE. #318
PALM BCH FL 33480

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 authorized with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Christine Fair Mascia*
Signature, typed or 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	P MASCIA, CHRISTINE FAIR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASCIA, CHRISTINE FAIR	1.2 NAME	
STREET ADDRESS	1 MURRAY AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PORT WASHINGTON NY 11050	1.4 CITY - ST - ZIP	
TITLE	S GRASSADONIA, ESTELLE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRASSADONIA, ESTELLE	2.2 NAME	
STREET ADDRESS	11-85 JACKSON AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SCARSDALE NY 10583	2.4 CITY - ST - ZIP	
TITLE	T MASCIA, CAROLYN E <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASCIA, CAROLYN E	3.2 NAME	
STREET ADDRESS	1 MURRAY AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PORT WASHINGTON NY 11050	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: *Christine Fair Mascia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/25/97
Daytime Phone: 180 283 4731

CR2E034 (9/96)