

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90119 015 ***150.00

0006854

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000005047**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/16/1995

4. FEI Number
11-2575548

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 **P.O. Box 382**
 27 Suite, Apt. #, etc.
 28 **Manhasset N.Y.**
 29 Zip Country
 30 **11030 Nassau**

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 **CHRISTINE F. MASCIA**
 82 Street Address (P.O. Box Number is Not Acceptable)
350 S. County Road Ste 201
 83
 84 City **Palm Beach** FL 85 Zip Code **33480**

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 *Christine F. Mascia* DATE **4/26/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/> DELETE
NAME	MASCIA, CHRISTINE FAIR	
STREET ADDRESS	1 MURRAY AVE	
CITY-ST-ZIP	PORT WASHINGTON NY 11050	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GRASSADONIA, ESTELLE	
STREET ADDRESS	11-65 JACKSON AVE	
CITY-ST-ZIP	SCARSDALE NY 10583	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MASCIA, CAROLYN E	
STREET ADDRESS	1 MURRAY AVE	
CITY-ST-ZIP	PORT WASHINGTON NY 11050	
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		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Secretary Ida Mascia		
2.3 STREET ADDRESS	ONE MURRAY AVENUE		
2.4 CITY-ST-ZIP	PORT WASHINGTON NY 11050		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 607, 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: *Christine F. Mascia*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 800 283 4731
 Date Daytime Phone #

CR2E034 (11/98)