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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🌭

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000153 (4)

SHORE COMMUNICATIONS OF PENNSLYVANIA, INC.

FILED 97 JUL -8 AM II: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address							
NESHAMINY PLAZA II. #103	•	NESHAMINY PLAZA II. #103					
BENSALEM PA 19020	BENSALEM PA 19020-1811	ĺ					
				3. Date Incorporated or Qualified 01/09/1996	3a. Date of La	st Report	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21	26	26		23-2441236		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	City & State	City & State		6. Election Campaign Financing\$5.00 May Be		00 May Be	
23	28			Trust Fund Contribution	Add	led to Fees	
Zip Country	Zip	Count	ry	8. This corporation has liability for		er s. 199.032,	
24 25	29 : Current Registered Agent	30		Florida Statutes 10. Name and Address of New R	Yes No		
STEWART, SAMUEL	Content registered Agent	В	1 Name	(U. Name and Address of New A	agistered Agent		
69 GOLF VIEW DR							
TEQUESTA FL 33469		8	2 Street	Address (P.O. Box Number is Not Accepta	ا در د. در اولا		
IEGOESIA FE 33408		В	3	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	97-101112	UU6	
、			1	****16	5.00 ****	:165.00	
		8	4 City		FL 85	Zip Code	
11 Pursuant to the provisions of Sections 6	COZ OF O2 and SOZ 15OB Florida Statute	s the abo	we-named	corneration submits this statement for the	DUITNOSE of changi	no ite registered	
Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the	ie State of Florida. Such change was at e obligations of, Section 607.0505, Flor	uthorized I rida Statut	by the cor es	poration's board of directors. I hereby acce	pt the appointmen	1 as registered	
SIGNATURE					···-		
Signature, typed or printed name of regit 12. OFFICE	RS AND DIRECTORS (NOTE:	Registered A	gent signature	required when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDS AND DIRECT	TODG INL 12	
TITLE PST	DELETE	1.1 101.6		ADDITIONS/GNANGES TO OFFI	Char		
NAME MCCAFFERY, RICHARI		1.2 NAM			L 01101	ngo	
STREET ADDRESS 67 KARA LANE			ET ADDRESS				
CITY-ST-ZIP FEASTERVILLE PA 190	52	1.4 CITY					
TITLE DC	DELETE	2.1 THUE			Char	nge Addition	
NAME MCCAFFERY, RICHARD		2.2 NAM				.,.	
STREET ADDRESS 67 KARA LANE			ET ADDRESS				
CITY-ST-ZIP FEASTERVILLE PA 190	52	2.4 CITY					
TITLE *	DELETE	3.1 TITLE			Char	nge Addition	
NAME		3.2 NAM					
STREET ADDRESS			ET ADDRESS	}		}	
CITY-ST-ZIP			'-ST- <i>Z</i> IP				
TITLE	DELETE	4.1 TITLE			☐ Char	nge 🔲 Addition	
NAME	*	4. 2 NAM	16				
STREET ADDRESS		4.3 S1RE	ET AUDRESS				
CITY-ST-ZIP		4.4 City	-ST-7IP				
TITLE	☐ DELETE	5.1 TITLE			☐ Char	nge 🔲 Addition	
NAME		5.2 NAM	F	}			
STREET ADDRESS		5.3 STRE	ET ADDRESS			j	
CITY-ST-ZIP		5,4 CITY	- S1 - ZIP				
TITLE	DELETE	6.1 TITLE			Char	nge 🔲 Addition	
NAME	,	6.2 NAM	Ε		(111)		
STREET ADDRESS		6.3 S1RF	ET ADDRESS		[HH]		
CITY-ST-ZIP		6.4 CITY	-ST-ZIP		4		
14 Ldo hereby certify that the information :	supplied with this filing doce not qualify	for the o	vomplion s	stated in Section 110 07(2)(i) Florida Statut	es Hurlber certify I	that the	

I do nereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes: 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.

CNATURE:

4-3.5-9.7

3.15/638-/80/