

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Aug 19 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F96000000153 (4)  
 1. Corporation Name  
 SHORE COMMUNICATIONS OF PENNSYLVANIA, INC.



Principal Place of Business: NESHAMINY PLAZA II, #103, BENSALEM PA 19020  
 Mailing Address: NESHAMINY PLAZA II, #103, BENSALEM PA 19020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	301 OXFORD VALLEY Rd. Suite, Apt. #, etc.	26	301 OXFORD VALLEY Rd. Suite, Apt. #, etc.	01/09/1996	
22	SUITE 1603 City & State	27	SUITE 1603 City & State	4. FEI Number	Applied For
23	YARDLEY PA Zip	28	YARDLEY PA Zip	23-2441236	Not Applicable
24	19067	29	19067	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	USA	30	USA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STEWART, SAMUEL 69 GOLF VIEW DR TEQUESTA FL 33489		81 Name SAME	
		82 Street Address (P.O. Box Number is Not Acceptable) 7519 S.E. FIDDLEWOOD LANE	
		83	
		84 City HOBESOUND	
		FL 85 Zip Code 33455	

11. Pursuant to the provisions of sections 607.1602 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 607.0506, Florida Statutes.

SIGNATURE: *Samuel Stewart* DATE: 7/17/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAFFERY, RICHARD M	1.2 NAME	
STREET ADDRESS	67 KARA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FEASTERVILLE PA 19052	1.4 CITY-ST-ZIP	
TITLE	DC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAFFERY, RICHARD M	2.2 NAME	
STREET ADDRESS	67 KARA LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FEASTERVILLE PA 19052	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 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: *Richard M. McCaffery* 8-4-98 215-821-4945

CR2E034 (5/98)