

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G66668 (6)**

1. Corporation Name

SHORES RESTAURANT OF SILVER SPRINGS SHORES, INC.



Principal Place of Business

**9425 SE MARICAMP RD.
P.O. BOX 7124
OCALA FL 34472**

Mailing Address

**9425 SE MARICAMP RD.
P.O. BOX 7124
OCALA FL 34472**

3. Date Incorporated or Qualified
10/26/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **9425 SE MARICAMP RD.**

2a. Mailing Address

26 **9425 SE MARICAMP RD.**

4. FEI Number
59-2341980

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

22 **P.O. Box 525**

Suite, Apt. #, etc.

27 **P.O. Box 525**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23 **CANDLER FL**

City & State

28 **CANDLER FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

24 **32111**

Country

25 **MARION**

Zip

29 **32111**

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**RIVERA, HERMAN JR.
10758 SE 90TH CT.
BELLEVUE FL 32620**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

SIGNATURE

Signature typed or printed name of registered agent and address (if applicable)

Office Registration Agent signature required if office is being changed

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **RIVERA, HERMAN, JR.**
STREET ADDRESS **10758 NE 90TH CT.**
CITY - ST - ZIP **BELLEVUE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

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