FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G85129** **(6)**

1. Corporation Name

PALM SHORES PLAZA, INC.

Principal Place of Business	Mailing Address
4000 S US #1 P O BOX 060772 PALM BAY FL 32906 US	P O BOX 060772 P.O. BOX 772 (32906) PALM BAY FL 32906 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/16/1984**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-2385174** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DANIEL, THERESA
110 KRISTI DR.
INDIAN HARBOUR BCH FL 32937

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	☐ Change ☐ Addition
NAME	DANIEL, ORVILLE H.	1.2 NAME	
STREET ADDRESS	110 KRISTI DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	DANIEL, THERESA	2.2 NAME	
STREET ADDRESS	110 KRISTI DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	2.4 CITY-ST-ZIP	
TITLE	DAT	3.1 TITLE	☐ Change ☐ Addition
NAME	VERDI, JOSEPH A	3.2 NAME	
STREET ADDRESS	9815 61ST PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	☐ Change ☐ Addition
NAME	VERDI, ADELINE D	4.2 NAME	
STREET ADDRESS	9815 61ST PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	4.4 CITY-ST-ZIP	
TITLE	DAS	5.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, CHARLES H.	5.2 NAME	
STREET ADDRESS	1147 HEATHERGLEN CIR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	
TITLE	DP	6.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, NADEEN E.	6.2 NAME	
STREET ADDRESS	1147 HEATHERGLEN CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	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)(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: Orville H. Daniel — Apr 28, 1995 — (407) 773-1521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Orville H. Daniel

0418948 FP