

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

APPROVED  
AND  
FILED

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97 JUN 25 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G93083**  
1. Corporation Name

**SHORES REALTY SERVICES, INC.**

Principal Place of Business <b>5336 SE Maricamp Rd. Ocala, Florida 34480</b>	Mailing Address <b>5336 SE Maricamp Rd. Ocala, Florida 34480</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>		3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number <b>59-2419127</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**Frederick N. Clark  
102 14th St. E.  
Bradenton, Fl. 34208**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>President</b> <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME <b>Frederick N. Clark</b>		1.2 NAME	
1.3 STREET ADDRESS <b>102 14th St. E.</b>		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP <b>Bradenton, Fl. 34208</b>		1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> DELETE		2.1 TITLE <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME		2.2 NAME <b>Judy Hanegan</b>	
2.3 STREET ADDRESS		2.3 STREET ADDRESS <b>2510 NW 8th Ave</b>	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>Ocala, Fl. 34475</b>	
3.1 TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2034 (9/96)



**SHORES REALTY SERVICES, INC.**

5336 SE Maricamp Rd.  
Ocala, Florida 34480  
(352) 624-2121 • 1-800-739-7653

**NATIONWIDE RELOCATION SERVICES**

- Commercial
- Residential
- Acreage Agriculture
- Property Management
- Rentals
- Resales

**June 17, 1997**

**Annual Reports Filings  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314**

**To Whom it may concern:**

**I acquired new ownership of this corporation on June 12, 1997. Per State Statute I am notifying you that I did not receive notice of delinquent status until June 17, 1997. It was not disclosed to me by the previous owner.**

**I am remitting the standard \$165.00 filing fee and requesting repeal of late fees as allowed for in statutes.**

**Any help you may extend will be greatly appreciated.**

**Sincerely,**

**Gregory Hoenig  
Owner**



*pg. 2 of 2*