

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


AMENDED

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97 SEP 17 PM 3:06

SECRETARY OF STATE

[REDACTED]

9/18

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H74099 (3)					
1. Corporation Name SHORE POWER CORPORATION					
Principal Place of Business % MARK C. DAVIS 1755 STANFORD LANE SARASOTA FL 34231		Mailing Address % MARK C. DAVIS 1755 STANFORD LANE SARASOTA FL 34231-3033			
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/04/1985	
22 City & State		27 City & State		3a. Date of Last Report 05/01/1996	
23 Zip		28 Country		4. FEI Number 59-2571360	
24		29		Applied For <input type="checkbox"/> Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent DAVIS, MARK C. 1755 STANFORD LANE SARASOTA FL 34231		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 <i>Mark C. Davis</i>		DATE 9/16/97			
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE PSTVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME DAVIS, MARK C					
1.3 STREET ADDRESS 1755 STANFORD LANE					
1.4 CITY-ST-ZIP SARASOTA FL					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME 600002296866--7					
2.3 STREET ADDRESS -09/18/97--01056--016					
2.4 CITY-ST-ZIP *****61.25 *****61.25					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Mark C. Davis* TAXPAYERS COPY

9/16/97

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