

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # J50613 (5)

1. Corporation Name  
**SHARROCK SHORES, INC.**



Principal Place of Business: 1441 S MIRAMAR AVE, INDIALANTIC FL 32903  
Mailing Address: 1441 S MIRAMAR AVE, INDIALANTIC FL 32903

3. Date Incorporated or Qualified: 12/18/1986  
3a. Date of Last Report: 02/21/1995  
4. FEI Number: 59-2764453  
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

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

9. Name and Address of Current Registered Agent: BOYD, JOEL E., 100 RIALTO PALCE, SUITE 800, MELBOURNE FL 32901  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (901E Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P SHARROCK, NINA M. 1441 S MIRAMAR AVE INDIALANTIC FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: President 1.2 NAME: RICK SHARROCK 1.3 STREET ADDRESS: 1441 S Miramar Ave 1.4 CITY-ST-ZIP: Indialantic, Fl 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S SHARROCK, NINA M. 1441 S MIRAMAR AVE INDIALANTIC FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: Secretary 2.2 NAME: Ricke Ricciardelli 2.3 STREET ADDRESS: 1441 S. miramar Ave 2.4 CITY-ST-ZIP: Indialantic, fl 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ricke Ricciardelli - RICKE RICCIARDELLI 4/30/96 407-923-3355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)