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FILED

Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J57806 (8)

1. Corporation Name:
SHORES-KLEBONIS, INC.

Principal Place of Business

775 KIRKMAN ROAD
SUITE 111
ORLANDO FL 32811

Mailing Address

775 KIRKMAN ROAD
SUITE 111
ORLANDO FL 32811-2088



3. Date Incorporated or Qualified
02/17/1987

3a. Date of Last Report
03/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2771232

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

KLEBONIS, JOHN R.
775 KIRKMAN ROAD
SUITE 111
ORLANDO FL 32811

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Register

Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SHORES, WILLIAM H.
STREET ADDRESS 4142 WILLOW BAY DRIVE
CITY-STATE-ZIP WINTER GARDEN FL

TITLE D
NAME SHORES, MARGUERITA D.
STREET ADDRESS 4142 WILLOW BAY DRIVE
CITY-STATE-ZIP WINTER GARDEN FL

TITLE D
NAME KLEBONIS, JOHN R.
STREET ADDRESS 3105 BUTLER BAY DR., N
CITY-STATE-ZIP WINDERMERE FL

TITLE D
NAME KLEBONIS, ELEANOR H.
STREET ADDRESS 3105 BUTLER BAY DR., N
CITY-STATE-ZIP WINDERMERE FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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SIGNATURE:

W H Shores

REQUIRED

2/21/97

4072911040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)