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

Apr 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # J57806 (8)SHORES-KLEBONIS, INC. Principal Place of Business Mailing Address 775 KIRKMAN ROAD 775 KIRKMAN ROAD SUITE 111 SUITE 111 DO NOT WRITE IN THIS SPACE ORLANDO FL 32811 ORLANDO FL 32811 3. Date Incorporated or Qualified 02/17/1987 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-2771232 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 2ip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 24 25 g, Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name KLEBONIS, JOHN R. 775 KIRKMAN ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 111 В3 ORLANDO FL 32811 84 City 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TELLE SHORES, WILLIAM H. NAME 1.2 NAME 4142 WILLOW BAY DRIVE STREET ADDRESS 1.3 STREET ADDRESS WINTER GARDEN FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE SHORES, MARGUERITA D. 22 NAME NAME 4142 WILLOW BAY DRIVE 2 3 STREET ADDRESS STREET ADDRESS WINTER GARDEN FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change KLEBONIS, JOHN R. 3.2 NAME NAME 13614 SUNSET LAKES CIR STREET ADDRESS 3.3 STREET ADDRESS WINTER GARDEN FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE KLEBONIS, ELEANOR H. NAME 4.2 NAME 13614 SUNSET LAKES CIR STREET ADORESS 4.3 STREET ADDRESS WINTER GARDENS FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE 6.2 NAME

6.3 STREET ADDRESS

4/20/90

407-2911040

14. Thereby 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 emprapered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change the or of in attachment with an address.

STREET ADDRESS CITY - ST - ZIP

SIGNATURE:

FILED