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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

J83793

(6)

RONALD A. SHORE ASSOCIATES, INC.

|   |  | ·                                |                     |                                  |                       | -   |                                |                        |                |
|---|--|----------------------------------|---------------------|----------------------------------|-----------------------|---|--------------------------------|------------------------|----------------|
| Principal Place of Business Mailing Address   |  |                                  |                     |                                  |                       |   |                                |                        |                |
| 363 CEDAR BROOK LANE 363 CEDAR BROOK LANE ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL |  |                                  |                     |                                  |                       |   |                                |                        |                |
|   |  |                                  |                     |                                  |                       | 3. Date Incorporated or Qualified 07/17/1987  |                                | e of Last F<br>01/18/1 |                |
| 2. Principal F  | 2. Principal Piace of Business 2a. Mailing Address |                                  |                     |                                  |                       | 4. FEI Number   |                                | Applied For            |                |
| ii  | 26   |                                  |                     |                                  |                       | 59-2836424  |                                |                        | Not Applicable |
| Suite. Apt  | t. #, etc.   | Suite, Apt. #, etc.              | Suite, Apt. #, etc. |                                  |                       | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |                        |                |
| City & Sta  | ite  | City & State                     |                     |                                  |                       | 6. Election Campaign Financing  |                                |                        | 00 May Be      |
| 23  |  | 28                               |                     |                                  |                       | Trust Fund Contribution   |                                |                        | ed to Fees     |
| Zip   | Country  | Zip                              | <b>├</b> ──¬        | ountry                           | 1                     | 8. This corporation has liability for   |                                | ax under s             | 199.032,       |
| 24]   | [25]   | 29                               | 30                  | 7                                |                       | Fiorida Statutes Yes  10. Name and Address of New F   | No                             | Agent                  |                |
|   | 9. Name and Address of Curr                        | ent Registered Agent             |                     | 81                               | Name                  | TO. HERITO BITO ACCIONS OF THEM !   | rogistor ou                    | Agont                  |                |
| A.110   | DE DOMAID 1  |                                  | -                   | Ľ                                | l                     |   |                                |                        |                |
| SHORE, RONALD A.  |  |                                  |                     | 82                               | Street Addr           | et Address (P.O. Box Number is Not Acceptable)  |                                |                        |                |
| 363 CEDAR BROOK LN<br>ALTAMONTE SPRINGS FL 32714  |  |                                  |                     | 83                               |                       |   | ·                              | <del></del>            | ****           |
| ALIA  | MUNIE SPHINGS PL 32/14                             |                                  | •                   |                                  | l .                   |   |                                |                        | - <u> </u>     |
|   |  |                                  |                     | 84                               | City                  |   | FL                             | <b>85</b> Z            | ip Code        |
| familiar v<br>SIGNATURE   | with, and accept the obligations of, Se            | ection 607.0505, Florida Statute | ·S.                 |                                  | nt signature required | ation submits this statement for the puricle of directors. I hereby accept the app<br>d when relistating! | DATE                           |                        |                |
| 12.   |  | AND DIRECTORS                    | 13                  | ١.                               |                       | ADDITIONS/CHANGES TO OFF  |                                |                        |                |
| FILE  | PVS  | ☐ DELETE                         | 1 1                 | TITLE                            |                       |   |                                | Change                 | Addition       |
| NAME  | SHORE, RONALD A.                                   |                                  | 1.2                 | NAME                             |                       |   |                                |                        |                |
| STREET ADDRESS  |  |                                  | 1.3                 | STREE                            | I ADDRESS             |   |                                |                        |                |
| CFTM - ST - ZIP   | ALTAMONTE SPRINGS F                                |                                  | 1,4                 | CITY-                            | ST-ZIP                |   |                                |                        |                |
| TRUE  | TD DELETE  |                                  |                     | TITLE                            |                       |   |                                | ☐ Change               | ☐ Addition     |
| NAMI  | SHORE, RONALD A.                                   |                                  |                     | NAME                             |                       |   |                                |                        |                |
| STREET ADDRESS  |  |                                  | 2.3                 | STREE                            | T ADDRESS             |   |                                |                        |                |
| CHY-S1-ZIF  | ALTAMONTE SPRINGS F                                |                                  |                     |                                  | ST - ZIP              |   |                                | Change                 | Addition       |
| TIFLE   | İ  | ☐ DELETE                         |                     | TITLE                            | 1                     |   |                                | ☐ Change               | ☐ Modition     |
| NAME  |  |                                  |                     | NAME                             | , ,                   |   |                                |                        |                |
| STREET ADDRESS  | 5  |                                  |                     |                                  | ET ADDRESS            |   |                                |                        |                |
| CHY-S1-ZIP  | T) DELETE  |                                  |                     | 3 4 CITY - ST - ZIP<br>4 1 TITLE |                       |   |                                | Change                 | Addition       |
| THEF  |  | Thereis                          |                     | NAME                             |                       |   |                                | _ ~~~                  |                |
| NAME:   | . [  |                                  |                     |                                  |                       |   |                                |                        |                |
| SIMEST ADDRESS  | 5  |                                  |                     |                                  | T ADDRESS             |   |                                |                        |                |
| City - 51 - Zia   |  | ( ) DELETE                       |                     | CITY -                           | ST-ZIP                |   |                                | Change                 | Addition       |
| 71'(F   |  |                                  |                     | NAME                             |                       |   |                                |                        |                |
| NAME  | <u>.</u> [   |                                  |                     |                                  | t t                   |   |                                |                        |                |
| STREET ACCORESS   | S  |                                  | 5.3                 | SIKEE                            | 1 ADDRESS             |   |                                |                        |                |

64.01Y-S1-ZiF

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 certify that them 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 13 if changed, or on an attachment with an address.

5 4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 DITY-S1-ZIP

6 1 TITLE

6.2 NAME

SIGNATURE:

CITY - ST- ZIP

STEEL LADORESS

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NAME

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DELETE

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(407) 788-5394 Deytine Prone #

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