

FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00535 (9)

1. Corporation Name
SOUTHERN SHORES ASSOCIATES, INC.

Principal Place of Business: **% DR. JOSEPH P. D'ANGELO
400 POINCIANA DR
HALLANDALE FL 33009-6538**

Mailing Address: **% DR. JOSEPH P. D'ANGELO
400 POINCIANA DR
HALLANDALE FL 33009-6538**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/03/1989** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **22-3068226** 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 § 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

22. State, Apt. #, etc.: **27**

23. City & State: **28**

24. Zip: **25** 29. Country: **30**

9. Name and Address of Current Registered Agent: **D'ANGELO, DR. JOSEPH P.
400 POINCIANA DR
HALLANDALE FL 33009**

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 607.0600 and 607.1100, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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: *Joseph D'Angelo* **Joseph D'Angelo** **4/25/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	PTO HORTMAN, RONALD 817 ABBOTT RD. BUFFALO NY	1.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPS PANEK, JOANNE 817 ABBOTT RD. BUFFALO NY	1.2. NAME	
STREET ADDRESS		1.3. STREET ADDRESS	
CITY, STATE, ZIP		1.4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE		1.5. DATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.6. NAME	
STREET ADDRESS		1.7. STREET ADDRESS	
CITY, STATE, ZIP		1.8. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE		1.9. DATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.10. NAME	
STREET ADDRESS		1.11. STREET ADDRESS	
CITY, STATE, ZIP		1.12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE		1.13. DATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.14. NAME	
STREET ADDRESS		1.15. STREET ADDRESS	
CITY, STATE, ZIP		1.16. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE		1.17. DATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and does not qualify for the exemptions stated in section 199.032, Florida Statutes. I further certify that the information included 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 officer or director responsible to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on the list of officers or directors of the corporation as required by section 199.032, Florida Statutes.

SIGNATURE: *Ronald Hortman* **Ronald Hortman** **4/25/95** **305-770-1141**