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Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90096 032 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L14515

1. Corporation Name  
SHORE COMMERCIAL SERVICES INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
10105 HUDSON AVE  
STE 2  
HUDSON FL 34669  
US

Mailing Address  
C/O GARLAN S. WILLIAMS  
10105 HUDSON AVE., STE. 2  
HUDSON FL 34669  
US

3. Date Incorporated or Qualified  
09/06/1989

2. Principal Place of Business  
21

2a. Mailing Address  
26

4. FEI Number  
59-2967175

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State  
23

City & State  
28

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip Country  
24 25

Zip Country  
29 30

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, W. CRAIG E  
4830 W KENNEDY BLVD, STE. 750  
ONE URBAN CENTRE  
TAMPA FL 33609

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
DPT	WILLIAMS, GARLAN S.	10105 HUDSON AVE	HUDSON FL	<input type="checkbox"/>
DVS	FARLEY, DAVID A.	10105 HUDSON AVE.	HUDSON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1				<input type="checkbox"/>	<input type="checkbox"/>
1.2				<input type="checkbox"/>	<input type="checkbox"/>
1.3				<input type="checkbox"/>	<input type="checkbox"/>
1.4				<input type="checkbox"/>	<input type="checkbox"/>
2.1				<input type="checkbox"/>	<input type="checkbox"/>
2.2				<input type="checkbox"/>	<input type="checkbox"/>
2.3				<input type="checkbox"/>	<input type="checkbox"/>
2.4				<input type="checkbox"/>	<input type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>
3.2				<input type="checkbox"/>	<input type="checkbox"/>
3.3				<input type="checkbox"/>	<input type="checkbox"/>
3.4				<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>
4.2				<input type="checkbox"/>	<input type="checkbox"/>
4.3				<input type="checkbox"/>	<input type="checkbox"/>
4.4				<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>
5.2				<input type="checkbox"/>	<input type="checkbox"/>
5.3				<input type="checkbox"/>	<input type="checkbox"/>
5.4				<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>
6.2				<input type="checkbox"/>	<input type="checkbox"/>
6.3				<input type="checkbox"/>	<input type="checkbox"/>
6.4				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4-1999 DAYTIME PHONE: 727 862-7727

CR2E034 (1/98)