

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

APPROVED
AND
FILED

95 MAY -1 PM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L59194** (5)

1. Corporation Name

MARK H. SHORE, P.A.

2. Principal Place of Business

**% MARK H. SHORE
320 SOUTHEAST 9TH STREET
FT LAUDERDALE FL 33316**

3. Mailing Address

**% MARK H. SHORE
320 SOUTHEAST 9TH STREET
FT LAUDERDALE FL 33316**

4. For Filing in This Space

3. Date Incorporated or Reincorporated
03/06/1990

3a. Date of Last Report

02/08/1994

4. FID Number
65-0175772

Applied For

Not Applicable

5. Certificate of Status Created ☐ **\$8.75 Additional Fee Required**

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

7. Filing in this space should be accompanied by a fee of \$5.00
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. State of Florida

22. City, State

23. City, State

24. City, State

25. Mailing Address

26. State of Florida

27. City, State

28. City, State

29. City, State

30. City, State

9. Name and Address of Current Registered Agent

**SHORE, MARK H.
320 SOUTHEAST 9TH STREET
FT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 602.06(2) and 602.06(3) 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 this appointment as registered agent. I am familiar with and accept the obligations of Sections 602.06(2) and 602.06(3) Florida Statutes.

Signature of

12. Name and Address of Current Registered Agent

**PVS
SHORE, MARK H.
320 S.E. 9TH ST.
FT LAUDERDALE FL
T
SHORE, MARK H.
320 S.E. 9TH ST.
FT LAUDERDALE FL**

13. Name and Address of New Registered Agent

1. Name ☐ Change ☐ Add New
2. Street Address (P.O. Box Number is Not Acceptable) ☐ Change ☐ Add New
3. City ☐ Change ☐ Add New
4. State ☐ Change ☐ Add New
5. Zip Code ☐ Change ☐ Add New
6. Name ☐ Change ☐ Add New
7. Street Address (P.O. Box Number is Not Acceptable) ☐ Change ☐ Add New
8. City ☐ Change ☐ Add New
9. State ☐ Change ☐ Add New
10. Zip Code ☐ Change ☐ Add New
11. Name ☐ Change ☐ Add New
12. Street Address (P.O. Box Number is Not Acceptable) ☐ Change ☐ Add New
13. City ☐ Change ☐ Add New
14. State ☐ Change ☐ Add New
15. Zip Code ☐ Change ☐ Add New

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 602.06(2) and 602.06(3) Florida Statutes. I further certify that the information is filed on this report or supplemental annual report in this and in all other states 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 person or persons designated to execute this report as required by Chapter 602, Florida Statutes, and that my name appears on the list of the stockholders of the corporation with an address.

SIGNATURE:

Mark H. Shore

MARK H. SHORE, P.A. 7/17/95

Signature of