

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L79518

(1)

1. Corporation Name

SOUTHERN SHORES, INC.



Principal Place of Business

3017 BAYSHORE DR.
FT. LAUDERDALE FL 33304-4208

Mailing Address

3017 BAYSHORE DR.
FT. LAUDERDALE FL 33304-4208

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 721 SE 17 STREET

27 City & State

28 FT LAUDERDALE, FL

29 33316 30 Country

3. Date Incorporated or Qualified
06/07/1990

4. FEI Number
65-0207617

5. Certificate of Status Desired ☐

6. Election Campaign Financing
Trust Fund Contribution ☐

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

3a. Date of Last Report
04/11/1995

Applied For
Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

EMO CORPORATE SERVICES INC.
100 NE 3RD AVE.
S-1100
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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 607.01(2) and 607.1308, 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 607.0005, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this report

Signature of person authorized to execute this report

FEI

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
DPS
SHEPHERD, BRIAN
STREET ADDRESS
3017 BAYSHORE DR
CITY-STATE-ZIP
FT. LAUDERDALE FL

2. TITLE ☐ DELETE

NAME
DCT
CROWTHER, JOHN
STREET ADDRESS
"THE HOMESTEAD" BALLAM
CITY-STATE-ZIP
LYTHAM LANCASTH RE

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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.

SIGNATURE:

Brian Shepherd BRIAN SHEPHERD

MARCH 13 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)