

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N10425 (9)**

1. Corporation Name
SHORES PLAYHOUSE INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/09/1985	3a. Date of Last Report 03/18/1994
4. FEI Number 13-4095043	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
483 EMERALD ROAD OCALA FL 34472 US		PO-BOX-7205 OCALA FL 34472 US	
2. Principal Place of Business	2a. Mailing Address	21	26
	483 Emerald Rd		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
	Ocala, FL		
Zip	Country	24	29
		34472	US

9. Name and Address of Current Registered Agent

**CREWS, MONROE A
483 EMERALD ROAD
OCALA FL 34472**

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

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DANCY, WILLIAM,
STREET ADDRESS	1950 SE 54TH TERRACE
CITY-ST-ZIP	OCALA FL 34471
TITLE	V
NAME	MILEIUS, JOSEF
STREET ADDRESS	7 EMERALD WAY
CITY-ST-ZIP	OCALA FL 34472
TITLE	T
NAME	CREWS, MONROE A
STREET ADDRESS	PO BOX 114 PIA
CITY-ST-ZIP	OTTER CREEK FL
TITLE	S
NAME	JANE DANCY,
STREET ADDRESS	1950 SE 54TH TERRACE
CITY-ST-ZIP	OCALA FL 34471
TITLE	D
NAME	JEANNIE COX
STREET ADDRESS	1952 SPRING TERRACE
CITY-ST-ZIP	OCALA FL 34472
TITLE	-VB-
NAME	SCAVETTA, VITA
STREET ADDRESS	505 SAPPHIRE LANE
CITY-ST-ZIP	OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Roger Russell	
1.3 STREET ADDRESS	5 Hickory Trail Terr	
1.4 CITY-ST-ZIP	Ocala, FL 34472	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jeannie Cox	
2.3 STREET ADDRESS	9316 Spring Terr	
2.4 CITY-ST-ZIP	Ocala, FL 34472	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Melanie Russell	
4.3 STREET ADDRESS	5 Hickory Trail Terr	
4.4 CITY-ST-ZIP	Ocala, FL 34472	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Josef Mileius	
5.3 STREET ADDRESS	7 Emerald Way	
5.4 CITY-ST-ZIP	Ocala, FL 34472	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	No other Directors	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Monroe A. Crews** TREASURER Date: **1-21-95** District (Year #): **904-392-5776**