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Jan 09 1997 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N10425 (9)

1. Corporation Name  
SHORES PLAYHOUSE INC.



Principal Place of Business: 483 EMERALD ROAD, OCALA FL 34472 US  
Mailing Address: 483 EMERALD RD, OCALA FL 34472-3075 US

3. Date Incorporated or Qualified: 07/09/1985  
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)  
4. FEI Number: 13-4095043  
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 s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
10. Name and Address of New Registered Agent

9. CREWS, MONROE A, 483 EMERALD ROAD, OCALA FL 34472  
10. 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	MILCIUS, JOSEF 7 EMERALD WAY OCALA FL	1.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: B	MEACHAM, CAROLE 1900 NW 114TH LOOP OCALA FL	2.1 TITLE: T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: X	CREWS, MONROE A 483 EMERALD ROAD OCALA FL	3.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	SCAVETTA, VITA 550 SAPPHIRE LANE OCALA FL	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	JEANNIE COX 9316 SPRING TERR OCALA FL	5.1 TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Kathy Bortel 1229 NE 46th Ct Ocala, FL 34470	

14. I do 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 617, 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 1-6-97 352-382-8444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065735

CR2E037 (9/96)