

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000008745 (0)**

1. Corporation Name

SHOREWOOD ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**5700 LAKE WORTH ROAD
SUITE 310
LAKE WORTH FL 33463
US**

**P O BOX 5448
SUITE 310
LAKE WORTH FL 33466-5448
US**

3. Date Incorporated or Qualified

01/29/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

11-3121437

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **PO Box 5448**

22 City & State

27 City & State
Lake Worth, Fl

23 Zip

Country

28 Zip

33466-5448

Country

24

25

29

33466-5448

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEWIS, RICHARD C
799 BRICKELL PLAZA
SUITE 702
MIAMI FL 33131**

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

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☒ Change ☐ Addition

TITLE

D

NAME

SHAPIRO, ALBERT

STREET ADDRESS

5700 LAKE WORTH ROAD, SUITE 310

CITY - ST - ZIP

LAKE WORTH FL

TITLE

D

☐ DELETE

NAME

SHAPIRO, HONORA

STREET ADDRESS

5700 LAKE WORTH ROAD, SUITE 310

CITY - ST - ZIP

LAKE WORTH FL

TITLE

SVPT

☐ DELETE

NAME

ROGERS, JAMES M

STREET ADDRESS

5700 LAKE WORTH ROAD, SUITE 310

CITY - ST - ZIP

LAKE WORTH FL

TITLE

VPS

☐ DELETE

NAME

GLYNOS, SUSAN M

STREET ADDRESS

5700 LAKE WORTH ROAD, SUITE 310

CITY - ST - ZIP

LAKE WORTH FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Lake Worth, Fl 33463

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Lake Worth, Fl 33463

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Lake Worth, Fl 33463

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**Graham Paul Wellington
5700 Lake Worth Road, Suite 310
Lake Worth, Fl 33463**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Rogers, Senior Vice President 1-19-96 407-433-0042

Date

Daytime Phone #

CR2E034 (12/95)