

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

FILED  
Jan 25 1996 8:00 am  
Secretary of State

DOCUMENT # P93000028421 (4)

1. Corporation Name

SHOREWOOD FINANCIAL, INC.



Principal Place of Business

Mailing Address

5700 LAKE WORTH ROAD  
SUITE 310  
LAKE WORTH FL 33463  
US

P. O. BOX 5448  
LAKE WORTH FL 33466-5448  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
04/16/1993

3a. Date of Last Report  
05/01/1995

4. FEI Number

65-0405707

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

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME SHAPIRO, ALBERT  
STREET ADDRESS 5700 LAKE WORTH ROAD, SUITE 310  
CITY-STATE-ZIP LAKE WORTH FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS Lake Worth, FL 33463  
1.4 CITY-STATE-ZIP

TITLE D ☐ DELETE  
NAME SHAPIRO, HONORA  
STREET ADDRESS 5700 LAKE WORTH ROAD, SUITE 310  
CITY-STATE-ZIP LAKE WORTH FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS Lake Worth, FL 33463  
2.4 CITY-STATE-ZIP

TITLE SVPT ☐ DELETE  
NAME ROGERS, JAMES M  
STREET ADDRESS 5700 LAKE WORTH ROAD, SUITE 310  
CITY-STATE-ZIP LAKE WORTH FL

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS Lake Worth, FL 33463  
3.4 CITY-STATE-ZIP

TITLE VPS ☒ DELETE  
NAME GLYNOS, SUSAN M  
STREET ADDRESS 5700 LAKE WORTH ROAD SUITE 310  
CITY-STATE-ZIP LAKE WORTH FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE AVPC ☐ DELETE  
NAME WELLINGTON, GRAHAM P  
STREET ADDRESS 5700 LAKE WORTH ROAD SUITE 310  
CITY-STATE-ZIP LAKE WORTH FL

5.1 TITLE Vice President & Controller ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS Lake Worth, FL 33463  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 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: *James M. Rogers* James M. Rogers, Senior Vice President 1-19-96 407-433-0042  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)