

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 1926 TENTH AVENUE NORTH

Suite, Apt. #, etc.
4TH FLOOR

City & State

23 LAKE WORTH, FL

Zip

24 33461

Country

25 USA

2a. Mailing Address

26 1926 TENTH AVENUE NORTH

Suite, Apt. #, etc.
4TH FLOOR

City & State

28 LAKE WORTH, FL

Zip

29 33461

Country

30 USA

9. Name and Address of Current Registered Agent

ROGERS, JAMES M
5700 LAKE WORTH RD STE 3010
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1926 TENTH AVENUE NORTH

83

4TH FLOOR

84

LAKE WORTH

FL

85 Zip Code

33461

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

TITLE DPC
NAME SHAPIRO, ALBERT
STREET ADDRESS 5700 LAKE WORTH ROAD, SUITE 310
CITY-ST-ZIP LAKE WORTH FL

☒ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE AVP
NAME LOZEAU, SHAWN
STREET ADDRESS 5700 LAKE WORTH RD STE 310
CITY-ST-ZIP LAKE WORTH FL

☒ DELETE

TITLE VPAS
NAME WELLINGTON, GRAHAM P
STREET ADDRESS 5700 LAKE WORTH ROAD SUITE 310
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

1926 TENTH AVENUE NORTH, 4TH FLOOR
LAKE WORTH, FL 33461

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

1926 TENTH AVENUE NORTH, 4TH FLOOR
LAKE WORTH, FL 33461

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

1926 TENTH AVENUE NORTH, 4TH FLOOR
LAKE WORTH, FL 33461

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)