

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 25 1996 8:00 am
Secretary of State

DOCUMENT # **P93000051615 (1)**

1. Corporation Name

SHOREWOOD REALTY & INVESTMENT CORP.



Principal Place of Business

Mailing Address

**33463 LAKE WORTH ROAD
SUITE 310
LAKE WORTH FL 33309
US**

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

3. Date Incorporated or Qualified

07/19/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0423267

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

2. Principal Place of Business

2a. Mailing Address

21 **5700 Lake Worth Road**

26 Suite, Apt. #, etc.

22 **Suite 310**

27 Suite, Apt. #, etc.

23 **Lake Worth, FL**

28 City & State

24 **33463**

Country

29 Zip

Country

25 **33463**

Country

29 Zip

Country

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 filer 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 **5600 LAKE WORTH ROAD, SUITE 310**
CITY-STATE-ZIP **LAKE WORTH FL**

TITLE **D** ☐ DELETE

NAME **SHAPIRO, HONORA**
STREET ADDRESS **5700 LAKE WORTH ROAD, SUITE 310**
CITY-STATE-ZIP **LAKE WORTH FL**

TITLE **V** ☐ DELETE

NAME **ROGERS, JAMES M**
STREET ADDRESS **5700 LAKE WORTH ROAD, SUITE 310**
CITY-STATE-ZIP **LAKE WORTH FL**

TITLE **VS** ☒ DELETE

NAME **GLYNOS, SUSAN M**
STREET ADDRESS **5700 LAKE WORTH ROAD, SUITE 310**
CITY-STATE-ZIP **LAKE WORTH FL**

TITLE **AV** ☒ DELETE

NAME **AYALA, RITCHIE**
STREET ADDRESS **1901 W CYPRESS CREEK RD #300**
CITY-STATE-ZIP **FT LAUDERDALE FL**

TITLE **AV** ☐ DELETE

NAME **WELLINGTON, GRAHAM P**
STREET ADDRESS **5700 LAKE WORTH ROAD, SUITE 310**
CITY-STATE-ZIP **LAKE WORTH FL**

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

**5700 Lake Worth Road, Suite 310
Lake Worth, FL 33463**

Lake Worth, FL 33463

**5700 Lake Worth Road, Suite 310
Lake Worth, FL 33463**

Vice President

Lake Worth, FL 33463

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Rogers Senior Vice President

1-19-96
Date

407-433-0042
Daytime Phone #

CR2E034 (12/95)