

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000084523 (8)**

1. Corporation Name

HALEY SHORE & ASSOCIATES, INC.

Principal Place of Business

**4733 W. ATLANTIC AVE.
SUITE 21
DELRAY BEACH FL 33445**

Mailing Address

**4733 W. ATLANTIC AVE.
SUITE 21
DELRAY BEACH FL 33445**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/06/1993

3a. Date of Last Report

10/07/1994

4. FEI Number

65-0452371

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

21 **4723 W. ATLANTIC AVE.**

2a. Mailing Address

25 **4723 W. ATLANTIC AVE**

Suite, Apt. #, etc.

22 **SUITE 21**

Suite, Apt. #, etc.

27 **SUITE 21**

City & State

23 **DELRAY BEACH, FL**

City & State

28 **DELRAY BEACH, FL**

Zip

24 **33445**

Country

25 **FLA BEACH**

Zip

29 **33445**

Country

30 **FLA BEACH**

9. Name and Address of Current Registered Agent

**SHORE, DENNIS
4723 W. ATLANTIC AVE., #21
DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent

01 Name

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

03

04 City

FL

05 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

Dennis Shore

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when re-registering)

4/25/95

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SHORE, DENNIS**
STREET ADDRESS **23055 POST GARDENS WAY, #102**
CITY - ST - ZIP **BOCA RATON FL 33432**

TITLE **D**
NAME **HALEY, DALE**
STREET ADDRESS **2015 DEER CREEK WOODLANDS WAY**
CITY - ST - ZIP **DEERFIELD BEACH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 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 liquidator 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 in an attachment with an address.

SIGNATURE:

Dennis Shore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 (407) 499-2884

DATE

TELEPHONE #