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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 22 1997 8:00am Secretary of State

DOCUMENT #	P93000084523	(8)
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HALEY SHORE & ASSOCIATES, INC. Principal Place of Business 4723 W. ATLANTIC AVE. SUITE 21 DELRAY BEACH FL 33445 Mailing Address 4723 W ATLANTIC AVE. SUITE 21 DELRAY BEACH FL 33445-3865						
US	,,,,	US		 Date Incorporated or Qualified 12/06/1993 	3a. Date of Last R 06/12/1996	eport
· · · · · · · · · · · · · · · · · · ·	lace of Business	2a. Mailing Address		4. FEI Number	 	plied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.		65-0452371	_ ¢0.75	t Applicable Additional
22		27		5. Certificate of Status Desired	Fee Re	
City & State	o .	City & State		6. Election Campaign Financing	\$5.00	
23	Country	Zip	Country	Trust Fund Contribution	LJ Added	
Zip 24	25		30	8. This corporation has liability for Florida Statutes	intangible tax under s Yes D No	. 199.032,
	9. Name and Address of Curre		<u> </u>	10. Name and Address of New Re		
SHO	DRE, DENNIS		81 Name			
472	3 W. ATLANTIC AVE., #21 RAY BEACH FL 33445		82 Street Add	iress (P.O. Box Number is Not Acceptat	ole)	
			83	- Carrier - Carr		
			84 City		85 Zip (Code
				1774	FLI	
		e of Florida. Such channe was a	uthorized by the cornora	ition's board of directors. I hereby acces	ot ine anixolniment as:	
office of r agent. La SIGNATURE	DE NNIS SHUME Signature hyperton printed name of registured ag	ent and little if applicable (NOTE	utnorized by the corpora irida Statutes. : Registered Agent signature requ		9/16/97 DATE	
SIGNATURE	DE NNIS SHUME Signature hyperton printed name of registured ag	vent and life if applicable (NOTE	: Registered Agent signature requ		DATE DERS AND DIRECTOR	S IN 12
SIGNATURE 12. THE	Separation typed or proved name of registrated as OFFICERS AN	ent and little if applicable (NOTE	:: Registered Agent signature requi	ared when reinstating)	9/16/97 DATE	
SIGNATURE 12. THE NAME	Separation typind or primed name of registrated as OFFICERS AND SHORE, DENNIS	vent and life if applicable (NOTE	:: Registered Agent signature required 13. 1.9 TiffLE 1.2 NAME	ared when reinstating)	DATE DERS AND DIRECTOR	S IN 12
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I. I do 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 efficier 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

MONTH STUDE | 1740 AND B HACE

4/16/97 (561) 498-2884 Dayline Phone #