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

DOCUMENT # **P93000088196 (9)**

1. Corporation Name
SHORE INVESTMENT GROUP, INC.

Principal Place of Business
631 SHORE RD
NORTH PALM BEACH FL 33408

Mailing Address
631 SHORE RD
NORTH PALM BEACH FL 33408

3. Date Incorporated or Qualified: 12/28/1993
3a. Date of Last Report: 02/03/1995
4. FEI Number: 65-0456174 ☐ 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 3569 91st St. N
22 Suite, Apt. #, etc. Suite 4
23 City & State Lake Park FL
24 Zip 33403 25 Country USA

2a. Mailing Address
26 3569 91st St. N
27 Suite, Apt. #, etc. Suite 4
28 City & State Lake Park FL
29 Zip 33403 30 Country USA

9. Name and Address of Current Registered Agent
LUCKART, RICHARD
631 SHORE RD
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent
81 Name Richard Luckart c/o Luckart Studios
82 Street Address (P.O. Box Number is Not Acceptable) 3569 91st St. N., Suite 4
83
84 City Lake Park FL 85 Zip Code 33403

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	LUCKART, RIHCARD	
STREET ADDRESS	631 SHORE RD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	DV	☐ DELETE
NAME	KUEHL, DEBRA S	
STREET ADDRESS	630 SHORE RD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	DST	☐ DELETE
NAME	LUCKART, BARBARA	
STREET ADDRESS	631 SHORE RD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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		

CR2E034 (12/95)

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: Barbara Luckart BARBARA LUCKART 2-13-96 407-775-6667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #