

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

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000008448 (0)
1. Corporation Name
NORTH SHORE SURF SHOP, INC.



Principal Place of Business: 10500 ULMERTON RD #290 LARGO FL 34641
Mailing Address: 10500 ULMERTON RD #290 LARGO FL 33771-3536

2. Principal Place of Business: 21 Suite, Apt. #, etc; 22 City & State; 23 /tp 33771 Country; 24 25
2a. Mailing Address: 26 Suite, Apt. #, etc; 27 City & State; 28 Zip 33771 Country; 29 30

3. Date Incorporated or Qualified: 01/24/1994
3a. Date of Last Report: 04/05/1996
4. FEI Number: 59-3222100 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

9. Name and Address of Current Registered Agent: WISNIEWSKI, MARK 10500 ULMERTON RD #290 LARGO FL 34641

10. Name and Address of New Registered Agent: 81 Name; 82 Street Address; 83; 84 City; FL 85 Zip Code 33771

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) (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	P	WISNIEWSKI, MARK J	1834 BROOKSTONE WAY CLEARWATER FL	<input type="checkbox"/> DELETE
TITLE	V	CURINGA, MARK	7501 ULMERTON ROAD #2722 LARGO FL	<input type="checkbox"/> DELETE
TITLE	TS	WISNIEWSKI, PATTY	1934 BROOKSTONE WAY CLEARWATER FL	<input type="checkbox"/> DELETE
TITLE				<input type="checkbox"/> DELETE
TITLE				<input type="checkbox"/> DELETE
TITLE				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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

SIGNATURE: PATTY WISNIEWSKI PATTY WISNIEWSKI 3-2097 813-582-9113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)