

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POADODOR7830

1. Corporation	- SHORES , INC.			•					
Principal Place of Business Mailing Address							Be ile ga lli be ili ab l	## ###################################	IAN SON FEOT
1906 S ATLANT DAYTONA SHOU	TIC AVE	1906 S ATLANTI	1906 S ATLANTIC AVE DAYTONA SHORES FL 32118			DO NOT WRITE IN THIS SPACE			
						 Date Incorporated or Quality 12/05/1994 	ualifed		
2. Principal P	lace of Business	<u> </u>	2a. Mailing Address			4. FEI Number			lied For
21			26			59-3279021		\$8.75 A	Applicable
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certifcate of Status Des	sired 🔲	Fee Rec	
City & State	le	City & State	•			Election Campaign Fina Trust Fund Contribution		\$5.00 A	
Zip	Country Zip			Country				Intangible	
24	25 29		30	30		Personal Property Tax.			□No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of	New Registers	d Agent	
KOUZOUDJIAN, GEORGE 1906 S ATLANTIC AVE DAYTONA SHORES FL 32118				82 83	83				
		_		84	City		F	L 85 Zip C	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the obline	502 and 607.1508, Flo te of Florida. Such cha igations of Section 607	rida Statutes, t nge was autho '.0505, Florida	the above orized by Statutes.	named co	rporation submits this statement ation's board of directors. I hereb	for the purpose y accept the app	of changing its r pointment as reg	egistered istered
SIGNATURE	Ignature typed of printed name of polistered		_	(20	0000	S KOUZOUD IC	DATE	3-12-	.79_
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES	TO OFFICERS		
TITLE	P		DELETE	1.1 TITLE				Change	☐ Addition
NAME	KOUZOUDJIAN, GEORGES		1	1.2 NAME	1				
STREET ADDRESS	436 AUBURN DR #50		ľ	1.3 STREET	ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH FL 32118			1.4 CITY-\$1	-ZIP				- A 1199
TITLE			DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME				22 NAME	ł				
STREET ADDRESS			1	2.3 STREET	ADDRESS				
CITY-ST-ZIP				2. 4 CITY-S	T-ZIP		*	☐ Change	Addition
TITLE		Ц	DELETE	3.1 TITLE					
NAME				3.2 NAME					
STREET ADDRESS	,			3.3 STREET					
CITY-ST-ZIP			DELETE	3.4. CITY-S	T-ZIP			Change	Addition
TITLE	,	Ш	DELETE	4.1 TITLE	1			C Ollaride	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	address				

CITY-ST-ZIP 14. I 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 of the recover or trustee emperiered 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 an attachment with an appears, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME.

TITLE

NAME

FILED

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90023 026 ***150.00

☐ Change

Change

Addition

☐ Addition