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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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May 13 1997 8:00am

Secretary of State

Change

Change

Daytma Phone #

Addition

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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STREET ACCRESS

STREET ADDRESS

CITY ST. ZIP

DIVISION OF CORPORA

DOCUMENT # **P95000074483 (5)** SOUTH SHORE VENTURES, INC. Principal Place of Business Mailing Address 6681 15TH STREET EAST 6681 15TH STREET EAST **SARASOTA FL 34243-3208** SARASOTA FL 34243 3. Date Incorporated or Qualified 3a. Date of Last Report 09/25/1995 05/01/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For P.o. Box Suite, Apt. #, etc. 4530 9TH ط)0(65-0608324 26 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be كالإقمه Trust Fund Contribution Added to Fees 28 Country Country This corporation has liability for intangible tax under s. 199.032, ¥es □ No 30 Florida Statutes 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 WARD, MALCOLM W MALCOLM 6681 15TH STREET EAST 82 SARASOTA FL 34243 **B3** Zip Code 84 BRADENTON 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. Lam familiar with land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) (96/6) 12. 13. DELETE Change Addition 11 TITLE TITLE WARD, MALCOLM W 1.2 NAME NAME 6681 15TH STREET EAST 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34243 1.4 CITY-ST-ZIP Diffy-SI-ZiP DELETE 2.1 TITLE ☐ Change __ Addition THEF 22 NAME NAM 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZIP Change Addition THE DELETE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 41 THILE THE 4. 2 NAME NAM 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 2iP COLY - ST - ZOF

14. I do nereby 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

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE: Malcolin W. Pres OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

DELETE

DELETE