

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 11 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000038342 (7)

1. Corporation Name  
 SHORE MORTGAGE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1401 S. OCEAN BLVD, APT 107, BOCA RATON FL 33432  
 Mailing Address: 1401 S. OCEAN BLVD, APT 107, BOCA RATON FL 33432

3. Date Incorporated or Qualified: 05/02/1996  
 4. FEI Number: 65-0662534  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

9. Name and Address of Current Registered Agent  
 KOWITT, BARRY D  
 1801 N. PINE ISLAND RD.  
 #101  
 PLANTATION FL 33322

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code: FL

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SHORE, ALBERT P	
STREET ADDRESS	1401 S. OCEAN BLVD., APT 107	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	300002613553
6.3 STREET ADDRESS	- 08/12/98 - 01015 - 014
6.4 CITY-ST-ZIP	***165.00

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 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: \_\_\_\_\_

CR2E034 (5/98)

# PK&F

**PEED, KOROSS,  
FINKELSTEIN  
& CRAIN, P.A.**  
Certified Public Accountants

Billy M. Peed, CPA  
Leroy Koross, CPA  
Ronald D. Finkelstein, CPA  
Michael A. Crain, CPA

David P. Barish, CPA  
Guity K. Derfulian, CPA  
Lydia M. Glatz, CPA  
J. Courtney Higgins, CPA  
Alicia L. Koross, CPA  
Jeffrey B. Kramer, CPA  
George R. Levic, CPA  
Eric D. Neuhof, CPA  
Drew A. Strauch, CPA

Members  
American Institute of  
Certified Public Accountants  
Florida Institute of  
Certified Public Accountants

Affiliated with  
INPACT  
International Network of  
Professional Accountants

350 East Building  
350 S.E. 2nd Street, Suite 500  
Fort Lauderdale, FL 33301-1965  
(954) 760-9000  
Fax (954) 760-4465  
info@pkfcpa.com

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July 24, 1998

State of Florida  
Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Shore Mortgage, Inc.**  
**FBI: 65-0662534**  
**Document # P96000038342**

Dear Sir / Madam:

Our client, Shore Mortgage, Inc., received the 1998 Profit Corporation Annual Report 2<sup>nd</sup> Notice Packet and has asked us to respond to the notice. We have been advised by Shore Mortgage, Inc. that the original packet was never received by Shore Mortgage, Inc.'s. Please accept this payment of ~~\$150.00~~ as payment in full for the 1998 registration. # 165.00

If you have any question please do not hesitate to contact me.

Sincerely,



Drew A. Strauch, C.P.A.

cc: Albert P. Shore

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