

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

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90096 034 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000088232

1. Corporation Name  
SHORE COMMERCIAL, INC.

Principal Place of Business  
10105 HUDSON AVENUE  
HUDSON FL 34669

Mailing Address  
10105 HUDSON AVENUE  
HUDSON FL 34669

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/15/1998

4. FEI Number  
59-3540328

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 owes the current year Intangible Personal Property Tax.  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

HALL, W. CRAIG ESQUIRE  
4830 WEST KENNEDY BLVD., SUITE 750  
TAMPA FL 33609

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

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	NAME	DELETED
VPD	FARLEY, DAVID A	<input type="checkbox"/>
STREET ADDRESS	10105 HUDSON AVENUE	
CITY-ST-ZIP	HUDSON FL 34669	
SD	WILLIAMS, GARLAN S	<input type="checkbox"/>
STREET ADDRESS	10105 HUDSON AVENUE	
CITY-ST-ZIP	HUDSON FL 34669	
PD	ZSIGA, JOSEPH F	<input type="checkbox"/>
STREET ADDRESS	8713 GUMTREE AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	DELETED	Change	Addition
1.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2				
1.3				
1.4				
2.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2				
2.3				
2.4				
3.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2				
3.3				
3.4				
4.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2				
4.3				
4.4				
5.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2				
5.3				
5.4				
6.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2				
6.3				
6.4				

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4-1-99 DAYTIME PHONE #: 727-862-7727

CR2E034 (11/98)