

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

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Feb 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S71298** (1)  
1. Corporation Name  
**SHORES PAINTING CORPORATION**

Principal Place of Business  
**P.O. BOX 2852  
KEY LARGO FL 33037**

Mailing Address  
**P.O. BOX 2852  
KEY LARGO FL 33037**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>08/05/1991</b>	
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>4. FEI Number</b> <b>65-0300001</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>22</b> City & State	<b>27</b> City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>23</b> Zip	<b>28</b> Zip	<b>6. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>24</b> Country	<b>29</b> Country	<b>7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
<b>D'ERRICO, CINDY L. 602 ISLAND DR KEY LARGO FL 33037</b>		<b>81 Name</b> <b>D'ERRICO, CINDY L.</b>	
		<b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>183 LONG KEY ROAD</b>	
		<b>83</b>	
		<b>84 City</b> <b>KEY LARGO</b> <b>FL</b> <b>85 Zip Code</b> <b>33037</b>	

**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 *Cindy L. D'Errico* **CINDY L. D'ERRICO** **2/4/98**  
Signature typed or printed name of registered agent and filed applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>DP BOLES, ROBERT E.</b> <input checked="" type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<b>DR BOLES, ROBERT E.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>602 ISLAND DR</b>	<b>1.2 NAME</b>	<b>183 LONG KEY RD.</b>
<b>STREET ADDRESS</b>	<b>KEY LARGO FL</b>	<b>1.3 STREET ADDRESS</b>	<b>KEY LARGO, FL.</b>
<b>CITY-ST-ZIP</b>		<b>1.4 CITY-ST-ZIP</b>	<b>33037</b>
<b>TITLE</b>	<b>DST WILLIAMS, CHARLES A.</b> <input checked="" type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<b>DST WILLIAMS, CHARLES A.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>89360 US HWY 1 APT 6</b>	<b>2.2 NAME</b>	<b>COASTAL WATERWAYS PARK, NZ</b>
<b>STREET ADDRESS</b>	<b>KEY LARGO FL</b>	<b>2.3 STREET ADDRESS</b>	<b>KEY LARGO, FL.</b>
<b>CITY-ST-ZIP</b>		<b>2.4 CITY-ST-ZIP</b>	<b>33037</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>3.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>3.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>4.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>5.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>6.4 CITY-ST-ZIP</b>	

**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: *Charles A Williams* **4 Feb '98 (305) 451-4542**

CR2E034 (10/97)