

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

Amended OK

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

APPROVED
99 JUN 29 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S 98777**
1. Corporation Name
Shores Terrace inc.

Principal Place of Business
**819 N. Ocean Blvd.
Pompano Beach, Florida, 33062**

05-04-99 90070 044
DO NOT WRITE IN THIS SPACE

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

4. FET Number	Applied For
65-0433720	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's tangible Personal Property Tax	☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**Pierre Raymond
819 N. Ocean Blvd.
Pompano Beach, Florida, 33062**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D. James Scott	TITLE	PST
NAME	D. James Scott	NAME	Pierre Raymond
STREET ADDRESS	819 N. Ocean Blvd.	STREET ADDRESS	819 N. Ocean Blvd.
CITY, ST, ZIP	Pompano Beach, FL, 33062	CITY, ST, ZIP	Pompano, FL, 33062
TITLE	☐ DELETE	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	☐ DELETE	TITLE	☐ Change ☐ Add
NAME		NAME	
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TITLE	☐ DELETE	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	☐ DELETE	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 148.07(3)(b), 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 empowerments.

SIGNATURE: **Pierre Raymond, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 1999

(954) 942-9204