

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **V10386**
1. Corporation Name
THE SHORES GROUP, INC.

4-9-96 B-3294-C
(3)



Principal Place of Business: 2617 S. ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118
Mailing Address: 2617 S. ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118

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

9. Name and Address of Current Registered Agent

HOSTETTLER, JAKE
2617 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

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

3. Date Incorporated or Qualified: 01/29/1992
3a. Date of Last Report: 03/02/1995
4. FEI Number: 59-3165183
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0552 and 607.1501, 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. Thereby, accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature of the person whose name is on the signature line: _____
Signature of the Agent or the person who is acting as agent: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---------|
| NAME | ADDRESS | NAME | ADDRESS |
| PD WALKER, GRACE | 2600 REED AVENUE TITUSVILLE FL 32901 | 1. NAME | |
| VD JOSEY, ROBERT | P.O. BOX 80216 JACKSONVILLE FL | 13. STREET ADDRESS | |
| TD LAWRENCE, DORIS | 3800 IBIS DRIVE ORLANDO FL 32803 | 14. CITY, STATE, ZIP | |
| SD HOSTETTLER, JACK | 2617 S. ATLANTIC AVENUE DAYTONA BEACH SHORES FL | 2. TITLE | |
| D JOYAL, PAUL | 2582 BERNICE COURT MELBOURNE FL | 22. NAME | |
| | | 23. STREET ADDRESS | |
| | | 24. CITY, STATE, ZIP | |
| | | 3. TITLE | |
| | | 32. NAME | |
| | | 33. STREET ADDRESS | |
| | | 34. CITY, STATE, ZIP | |
| | | 4. TITLE | |
| | | 42. NAME | Jake |
| | | 43. STREET ADDRESS | |
| | | 44. CITY, STATE, ZIP | |
| | | 5. TITLE | |
| | | 52. NAME | |
| | | 53. STREET ADDRESS | |
| | | 54. CITY, STATE, ZIP | |
| | | 6. TITLE | |
| | | 62. NAME | |
| | | 63. STREET ADDRESS | |
| | | 64. CITY, STATE, ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 attached list with an address.

SIGNATURE: *Jake Hostettler* Jake Hostettler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
04-04-96
904-761-6553

CR2E034 (12/95)