

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mathman Secretary of State 1700 BANKERS BUILDING
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DOCUMENT # V56328 (0)

1. Corporation Name
SHOR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1524 EAST OAKADIA DR. CLEARWATER FL 34624	1524 EAST OAKADIA DR. CLEARWATER FL 34624

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business	2a. Mailing Address
21	26
22 State, Apt #, etc.	27 State, Apt #, etc.
23 City & State	28 City & State
24	25
29	30

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified	3a. Date of Last Report
08/10/1992	03/01/1994
4. FEI Number	Applied For
59-3137034	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under § 199.04, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SEHL, SALLY 1524 EAST OAKADIA DR. CLEARWATER FL 34624		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE	D	11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME	SEHL, SALLY	11.2 NAME	
11.3 STREET ADDRESS	1524 EAST OAKADIA DR.	11.3 STREET ADDRESS	
11.4 CITY & STATE	CLEARWATER FL	11.4 CITY & STATE	
11.5 TITLE		21.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.6 NAME		21.2 NAME	
11.7 STREET ADDRESS		21.3 STREET ADDRESS	
11.8 CITY & STATE		21.4 CITY & STATE	
11.9 TITLE		31.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.10 NAME		31.2 NAME	
11.11 STREET ADDRESS		31.3 STREET ADDRESS	
11.12 CITY & STATE		31.4 CITY & STATE	
11.13 TITLE		41.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.14 NAME		41.2 NAME	
11.15 STREET ADDRESS		41.3 STREET ADDRESS	
11.16 CITY & STATE		41.4 CITY & STATE	
11.17 TITLE		51.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.18 NAME		51.2 NAME	
11.19 STREET ADDRESS		51.3 STREET ADDRESS	
11.20 CITY & STATE		51.4 CITY & STATE	
11.21 TITLE		61.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.22 NAME		61.2 NAME	
11.23 STREET ADDRESS		61.3 STREET ADDRESS	
11.24 CITY & STATE		61.4 CITY & STATE	

14. I, the declarant, certify that the information supplied with this report, voluntarily furnished and signed, and qualify for the exemption established in Section 119.07(6)(b), Florida Statutes. I further certify that the information supplied on this report represents information that is true and accurate and that my signature shall have the same legal effect as if my name were written. That I am an officer or director of the corporation and the reason for filing this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 1, of this report, or on an alternate report, as required.

SIGNATURE: _____ **DATE:** 3/1/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR