

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

FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V65530** (0)
1. Corporation Name
RENAISSANCE - SHORE ACRES, INC.



Principal Place of Business
**SHORE ACRES REHAB & NURSING CENTER
4900 INDIANAPOLIS ST., N.E.
ST. PETERSBURG FL 33709
US**

Mailing Address
**4718 OLD GETTYSBURG RD., SUITE 111
SUITE 111
MECHANICSBURG PA 17055-8412
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 4720 Old Gettysburg Road
27 Suite, Apt. #, etc.
28 Suite 311
29 City & State
30 Mechanicsburg, A
31 Zip
32 17055
33 Country
34 US

3. Date Incorporated or Qualified
09/21/1992
4. FEI Number
59-3139822
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**
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VPF	KOPCHICK, JOSEPH A	14 PINETREE DRIVE	MECHANICSBURG PA	<input type="checkbox"/>
CDT	RICHARDSON, RICHARD D.	5 WESTWIND DRIVE	LEMOYNE PA	<input type="checkbox"/>
VS	BARRICK, JOSEPH A.	448 WOODCRET DRIVE	MECHANICSBURG PA	<input type="checkbox"/>
V	DOHERTY, H. JAKE	4207 NANTUCKET DR.	MECHANICSBURG PA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. 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 in an attachment with an address.

Joseph A. Kopchick
Joseph A. Kopchick 2/26/98

717-731-0300

CR2E034 (10/97)