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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUA	AL REPORT 996	Sandra B. Secretary DIVISION OF CO	of State		
DOCUM 1. Corporation N		34 (7)			
•	SHORE CONSTRUCTION	SERVICES, INC.			
Principal Place of Business Mailing Address					ålår 818:1 Alåli 618ir 818ir 818:1 ålası 1881
260 CRANDON BLVD. 260 CRANDON BLVD. SUITE 32-429 SUITE 32-429					
			•		
KEY BISCAYNE FL 33149 US		US		3. Date Incorporated or Qualified 10/05/1992	3a. Date of Last Report 04/28/1995
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For
21	o been out	26		65-0355770	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution 8. This corporation has liability for	Auded to Lees
Z(p	Country 25	Z(p 29	Country	Florida Statutes Yes	□ No
24	9 Name and Address of Curro	1=-1		10. Name and Address of New R	egistered Agent
	ON, STEPHEN FRANCIS NDON BLVD.		81 Name 82 Street Addr 83	ess (P.Ö. Box Number is Not Acceptab	nle)
	CAYNE FL 33149		84 City		FL 85 Zip Code
or registere familiar with	the provisions of Sections 607.05 dagent, or both, in the State of Fic and accept the obligations of, Sesignature typed or printed name of registered as	ction 607.0505, Florida Statutes.	, the above-named corpor d by the corporation's boa Brogstered Agent signature require	ation submits this statement for the pure of directors. I hereby accept the app	CATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
THILE	DPT	☐ DELETE	1. 1 TITLE		Change Addition !
NAME	MCMAHON, STEPHEN FRA	INCIS	1 2 NAME		ļ
STREET ADDRESS	794 CURTISWOOD DRIVE		1.3 STREET ADDRESS 1.4 CITY-S1-ZIP		
CITY-ST-ZIP TITLE	KEY BISCAYNE FL DVPS	DELETE	2 1 TITLE		Change Addition
NAME	SMITH, WAYNE MAXWELL	r	2.2 NAME		
STREET ADDRESS	314 N.E. 26TH DRIVE		2 3 STREET ADDRESS		
CITY - ST - ZIP	WILTON MANORS FL		24 CHY-SI-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	3 1 TITLE		С С
NAME			3 2 NAME 3.3. STREET ADORESS		
STREET ADDRESS			3.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		FIARIETE	4.4 CITY - ST - ZIP		Change Addition
THUE		DELETE	5. 1 TITLE		
NAME			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
C-TY-ST-ZIP TITLE		DELETE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		

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)(k), 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 13 if changed, or on an attachment with an address.

64 CITY - ST-ZIP

SIGNATURE:

305 361 8421