

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H72254** (6)
1. Corporation Name
SHORELINE/FREED, INC.

Principal Place of Business
**870 BALDEAGLE DRIVE
MARCO ISLAND FL 33937**

Mailing Address
~~777 BRICKELL AVENUE
MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/19/1985** 3a. Date of Last Report **05/25/1994**
4. FEI Number **59-2589758** Applied For ☐
Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution ☐
8. This corporation has liability for intangible tax under § 190.022, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 **777 Brickell Avenue**
22 Suite, Apt. #, etc. **5th Floor**
23 City & State **Miami, FL 33131**
24 Zip **33131** Country **FL**

9. Name and Address of Current Registered Agent

**CANTOR, STEVEN L
C/O CANTOR & MORANTE, P.A.
777 BRICKELL AVE.
5th Floor
MIAMI, FL 33131**

10. Name and Address of New Registered Agent

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 607.0502 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 must be printed name of registered agent and the corporation)

(Signature must be printed name of registered agent and the corporation)

(Signature must be printed name of registered agent and the corporation)

12. OFFICERS AND DIRECTORS

TITLE **PTD**
NAME **HUNT, KATHRYN E.**
STREET ADDRESS **1440 CAXAMBA CT.**
CITY, ST, ZIP **MARCO ISLAND FL 33937**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, 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 Sections 119.07(2)(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 incorporator or founder or authorized 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 upon attachment with an address.

SIGNATURE:

Kathryn E. Hunt
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kathryn E. Hunt, President

4/27/95

Date

813-250-0261

Telephone Number