

FILE NOW: FILING FEE AFTER MAY 7 IS \$225.00

AMENDED

PROFIT CORPORATION ANNUAL REPORT 1996



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

MAILED JUL 30 1996 BY: MB

DOCUMENT # J17125 (2) 1. Corporation Name SHORELINE FOUNDATION, INC.



Principal Place of Business 3221 W. HALLANDALE BEACH BLVD. PEMBROKE PARK FL 33023 Mailing Address 3221 W. HALLANDALE BEACH BLVD. PEMBROKE PARK FL 33023

3. Date Incorporated or Qualified 06/02/1986 3a. Date of Last Filing 05/01/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 4. FEI Number 59-2695595 5. Certificate of Status Desired \$8.75 Fee 6. Election Campaign Financing Trust Fund Contribution \$5.00 Addd 8. This corporation has liability for Inorgible tax under s Florida Statutes [X] Yes [] No

9. Name and Address of Current Registered Agent REED, BARRY S. 9701 S.W. 57TH STREET COOPER CITY FL 33328 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

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 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, 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: Required Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	0 <input type="checkbox"/> DELETE	1.1 TITLE	D/VP/S/T <input checked="" type="checkbox"/> Change
NAME	REED, BARRY S.	1.2 NAME	
STREET ADDRESS	9710 SW 57TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	
TITLE	0 <input type="checkbox"/> DELETE	2.1 TITLE	D/VP <input checked="" type="checkbox"/> Change
NAME	MCGEE, JOHN R.	2.2 NAME	
STREET ADDRESS	5550 SW 99TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	
TITLE	6 <input type="checkbox"/> DELETE	3.1 TITLE	D/P <input checked="" type="checkbox"/> Change
NAME	ROYO, JAMES A.	3.2 NAME	
STREET ADDRESS	1316 NW 127TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D/VP <input checked="" type="checkbox"/> Change
NAME		4.2 NAME	BETANCOURT, MICHAEL
STREET ADDRESS		4.3 STREET ADDRESS	541 LAKESIDE CIRCLE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SUNRISE, FLORIDA 33236
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	600001912586 <input type="checkbox"/> Change
NAME		6.2 NAME	-08/05/96--01038--001
STREET ADDRESS		6.3 STREET ADDRESS	***61.50
CITY-ST-ZIP		6.4 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 Section 110.07(3)(4), Florida Statute, 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 I were 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 the information in Block 12 or Block 13 if changed, is on an attachment with an address.

SIGNATURE: James A. Royo Pres 7/31/96 (305) 624-5720