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FILED
Apr 07 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 # 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**



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 06/02/1986 | |
| 22 | City & State | 27 | City & State | 4. FEI Number | |
| 23 | Zip | 28 | Country | 59-2695595 | |
| 24 | Country | 29 | Country | 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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: **Royo, James A.**

82 Street Address (P.O. Box Number is Not Acceptable): **1316 N.W. 127th DRIVE**

83

84 City: **SUNRISE** FL 85 Zip Code: **33328**

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]* **JAMES A. ROYO** **DAES** DATE: **1-16-98**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | DVPS | <input type="checkbox"/> DELETE |
| NAME | REED, BARRY S. | |
| STREET ADDRESS | 9710 SW 57TH STREET | |
| CITY-ST-ZIP | COOPER CITY FL | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | MCGEE, JOHN R. | |
| STREET ADDRESS | 6550 SW 99TH AVE. | |
| CITY-ST-ZIP | COOPER CITY FL | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | ROYO, JAMES A. | |
| STREET ADDRESS | 1316 NW 127TH AVENUE | |
| CITY-ST-ZIP | SUNRISE FL | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | BETANCOURT, MICHAEL | |
| STREET ADDRESS | 541 LAKESIDE CIRCLE | |
| CITY-ST-ZIP | SUNRISE FL 33328 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|-------------------------------|--|
| 11 TITLE | DVPS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | Reed, BARRY S. | |
| 13 STREET ADDRESS | 11060 S.W. 23rd Street | |
| 14 CITY-ST-ZIP | DAVIE, FL 33328 | |
| 21 TITLE | DVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | McGee, JOHN R. | |
| 23 STREET ADDRESS | 11050 S.W. 23rd Street | |
| 24 CITY-ST-ZIP | DAVIE, FL 33328 | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **JAMES A. ROYO** **DAES** DATE: **1-16-98 (305)624-9770**

CR2E034 (10/97)