

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**Apr 28 1996 8:00 am**  
**Secretary of State**

DOCUMENT # **S11628** (2)  
1. Corporation Name  
**SHORELINE RESORTS, INC.**



Principal Place of Business: **3015 N. OCEAN BLVD. SUITE 121 FT. LAUDERDALE FL 33308**  
Mailing Address: **3015 N. OCEAN BLVD. SUITE 121 FT. LAUDERDALE FL 33308**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/08/1990	05/01/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FFI Number	Applied For
22		27		65-0237699	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	25	29	30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FOSTER, REBECCA A</b> <b>3015 N. OCEAN BLVD.</b> <b>STE 121</b> <b>FT. LAUDERDALE FL 33308</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and date of signature (DATE) Registered Agent Signature required when resigning DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P LAMBERT, JAMES E.</b>	2. NAME	
STREET ADDRESS	<b>3015 N. OCEAN BLVD. #121</b>	3. STREET ADDRESS	
CITY-STATE-ZIP	<b>FT. LAUDERDALE FL</b>	4. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V HAMMER, C.D.</b>	2.2 NAME	
STREET ADDRESS	<b>810 RIO RD.</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>CH'VILLE VA</b>	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V HIERHOLZER, LARRY</b>	3.2 NAME	
STREET ADDRESS	<b>3015 N. OCEAN BLVD.</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>FT. LAUDERDALE FL</b>	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T LEONARD, STEVE</b>	4.2 NAME	
STREET ADDRESS	<b>7440 CHABLIS CT.</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>BOCA RATON FL</b>	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S FOSTER, REBECCA A</b>	5.2 NAME	
STREET ADDRESS	<b>6094 VISTA LINDA LN.</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>BOCA RATON FL</b>	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V POLANSKY, BRUCE</b>	6.2 NAME	
STREET ADDRESS	<b>3011 N.E. 55TH PLACE</b>	6.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>FT. LAUDERDALE FL</b>	6.4 CITY-STATE-ZIP	

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\*\*\*200.00

4/28/96 puc

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

SIGNATURE: Secretary **Rebecca A. Foster** 3/12/96 305-523-2444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

CR2E034 (12/95)