

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 99 MAR 26 PM 12:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S11628

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 Zip 25 Country

26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 Zip 30 Country

3. Date Incorporated or Qualified

11/08/1990

4. FFI Number

65-0237699

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**FOSTER, REBECCA A
 3015 N. OCEAN BLVD.
 STE 121
 FT. LAUDERDALE FL 33308**

81 Name
 82 Street Address (P.O. Box) **PO BOX 29538**
 83 **-04/05/99--01126--002**
******150.00 ****150.00**
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, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent's signature, printed when not filing

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | LAMBERT, JAMES E. | |
| STREET ADDRESS | 3015 N. OCEAN BLVD. #121 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | HAMMER, C.D. | |
| STREET ADDRESS | 610 RIO RD. | |
| CITY-ST-ZIP | CH'VILLE VA | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | HIERHOLZER, LARRY | |
| STREET ADDRESS | 3015 N. OCEAN BLVD. | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | LEONARD, STEVE | |
| STREET ADDRESS | 7440 CHABLIS CT. | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | FOSTER, REBECCA A | |
| STREET ADDRESS | 8094 VISTA LINDA LN. | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | POLANSKY, BRUCE | |
| STREET ADDRESS | 3011 N.E. 55TH PLACE | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

2/5/99

954-563-2444

0266093

CR2E034 (1/198)