

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **404185** (1)

1. Corporation Name

SHORELINE COMMUNIGRAPHICS, INC.



Principal Place of Business

**14314 OLIVER STREET
LARGO FL 34644**

Mailing Address

**14314 OLIVER STREET
LARGO FL 34644**

2. Principal Place of Business

2a. Mailing Address

21 Site, Apt. #, etc.

26 Site, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Country

29 Country

9. Name and Address of Current Registered Agent

**PATTERSON, JAMES P
14314 OLIVER ST
LARGO FL 34644-0828**

3

3. Date Incorporated or Qualified 06/30/1972	3a. Date of Last Report 02/24/1995
4. FEI Number 59-1404998	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.02 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida, and 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 duties of a registered agent under s. 607.02, Florida Statutes.

SIGNATURE *James P. Patterson* DATE 1/17/96

12. OFFICERS AND DIRECTORS		DELETE
1. TITLE	PD	<input type="checkbox"/>
2. NAME	PATTERSON, JAMES P	
3. STREET ADDRESS	14314 OLIVER STREET	
4. CITY - ST - ZIP	LARGO FL	
5. TITLE	VD	<input type="checkbox"/>
6. NAME	PATTERSON, ELIZABETH E	
7. STREET ADDRESS	14314 OLIVER STREET	
8. CITY - ST - ZIP	LARGO FL	
9. TITLE		<input type="checkbox"/>
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/>
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		<input type="checkbox"/>
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETE
1. TITLE		<input type="checkbox"/>
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
5. TITLE		<input type="checkbox"/>
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		<input type="checkbox"/>
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/>
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		<input type="checkbox"/>
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 registered agent duly 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. I or an authorized firm will file address

SIGNATURE: *James P. Patterson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 813/595-1214

CR2E034 (12/95)