SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999

SIGNATURE: VALCONCEL



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 19, 1999 8:00 am Secretary of State

07-19-1999 90001 006 ***150.00

| DOCUMENT # 609351 | | | | | | |
|---|--|---|---|--|--|---|
| SHORELINE T.V. SERVICE CENTER, INC. | | | | | | |
| OHOHEL | | E OBITIZITY MO | | | | . HERRIA BUTTI BEKIN TOLBE HINDI BIRDI LIBA BUTU HINDI BUTU BIRDI BUTTI BUTU BUTTI BUTTI BUTTI BUTTI BUTTI BUTTI |
| Principal Place of Business Mailing Address | | | | | | |
| 1282 N MILITARY TRL 1282 N MILITARY TRAIL | | | | | , | |
| W. PALM BEACH FL 33409 W. PALM BEACH FL 33409 | | | | | | |
| US | | US | US | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified |
| | | | | | | 02/01/1979 |
| Principal Place of Business Za, Mailing A | | | | Address | | 4. FEI Number Applied For |
| 21 | | 26 | 26 | | | 59-1889502 Not Applicable |
| Suite, Apt. | #, etc. | ├ ── | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional |
| 22 | | | 27 | | | Fee Required |
| City & State | • | 28 | City & State | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees |
| Zip | Countr | ´ | ip | Cou | itry | 8. This corporation owes the current year |
| 24 | 25 | 29 29 ss of Current Register | and Ament | 30 | | Intangible Personal Property. 10. Name and Address of New Registered Agent |
| | 9. Name and Addre | iss of Culterit Register | eu Agent | | 81 Name | To realize the Accesses of New Academics Agent |
| VAL | CARCEL, MANUEL | | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) |
| 253 | | | 62 Street Addi | 1855 (F.O. Box Number is Not Acceptable) | | |
| W. I | | . | 83 | | | |
| | | | | | 84 City | FL 85 Zip Code |
| 11 Dumunt | to the provisions of sec | tions 607 0502 and 607 | 1508 Florida Statut | es the ahr | ve-named como | visition submits this statement for the purpose of changing its registered |
| 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. | | | | | | |
| _ | am ramiliar with, and ac | cept the obligations or, s | ection 607.0505, F | ionoa Siau | ites. | |
| SIGNATURE . | Signature, typed or printed name | of registered agent and title if ap | oplicable. (N | OTE: Register | ed Agent signature req | uired when reinstating) DATE |
| 12. | | FFICERS AND DIRECT | TORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | O.F. 1 | DELETE | 1.1 TIT 1.2 NA | i | Change Addition |
| NAME | VALCARCEL, GRACIELA ADDRESS 2539 NEW YORK ST. | | | | | |
| STREET ADDRESS CITY-ST-ZIP | W. PALM BCH. FL | | 1.3 STREET ADDRESS | | | |
| TITLE | TD | | DELETE | 2.1 TIT | | Change Addition |
| NAME | VALCARCEL, MAN | UEL | | | иE | |
| STREET ADDRESS | 2539 NEW YORK | ST. | | | EET ADDRESS | |
| CITY-ST-ZIP | W. PALM BCH. FL | <u></u> | | _ | Y-ST-ZIP | |
| TITLE | | | DELETE | 3.1 TIT | | Change Addition |
| NAME | | | | 3.2 NA | | |
| STREET ADDRESS | | | | | EET ADDRESS Y-ST-ZIP | |
| CITY-ST-ZIP TITLE | | | DELETE | 4.1 TIT | | Change Addition |
| NAME | i | | | 4.2 NA | | . با ماران کی در این |
| STREET ADDRESS | | | | 4.3 STF | EET ADDRESS | |
| CITY-ST-ZIP | | | | 4.4 CIT | Y-ST-ZIP | |
| TITLE | | | DELETE | 5.1 TIT | .E | Change Addition |
| NAME } | | | | 5.2 NA | [| |
| STREET ADDRESS | | | | a di i | EET ADDRESS | |
| CITY-ST-ZIP | | | | _ | Y-ST-ZIP | |
| TITLE | | | DELETE | 6.1 TIT | 1 | Change Addition |
| NAME | | | | 6.2 NA | ME EET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | | | | Y-ST-ZIP | |
| 14 I becoby co | ertify that the information | supplied with this filing | does not qualify for | the exemp | ion stated in sec | ction 119.07(3)(i), Florida Statutes. I further certify that the information |
| indicated of an officer of | on this annual report or a predirector of the corpora | supplemental annual repation or the receiver or to , or on an attachment w | oort is true and accu rustee empowered | urate and to | fat my signature this report as re- | shall have the same legal effect as if made under oath; that I am quired by Chapter 607, Florida Statutes; and that my name appears |

SHORELINE T.V. SERVICENTER, INC. 1282 N. Military Trail West Palm Beach, FL 33409 (561) 478-6555

July 9, 1999

Annual Reports Filings Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Document # 609351

Corporation Name: Shoreline T. V. Servicenter, Inc.

Dear sir or madam:

I am writing this letter in response to the receipt of the 2nd notice for the 1999 Profit Corporation Annual Report regarding the above referenced Document number.

Enclosed please find payment for the 1999 annual fee in the amount of \$150.00. This letter is to inform you that I <u>never received the 1st notice</u> for the 1999 annual filing.

For the past three years, if you review your records, you will see that I have filed the reports timely and/or early. In 1996, I filed the annual report on time and for the years 1997 and 1998, the annual reports were filed early. Due to the fact that I have filed and paid on a timely basis in the past, this leads me to believe that the 1st notice for the 1999 Corporate Annual Report was returned to your office due to the fact that I did not receive it.

Considering the above information, I respectfully request that you review my files and, in addition, investigate if the 1st notice was returned by the postmaster to your office. I also respectfully request after reviewing this information, you please waive the late fee.

Sincerely

Manuel Valcarcel