			RIMENT OF STA	ATE	Jun 18 19	LED 998 8:	00an	
ANNUAL REPORT		Secret	ary of State		Secretary of State			
DOCU . Corporatic	MENT # 70607	3 (4)			-			
SHOR	eline, Inc., of Naples				A T ha ini tanin daha ahin daha ta			
rincipal Plac	ce of Businoss	Mailing Address						
1892 GULFSHORE BLVD Naples Fl 33940 US		745 12TH AVE S Suite D Naples Fl 33940 US		3. Date Incorporated or Qualified 08/22/1963 4. FEI Number Applied For				
Principal F	Place of Business	2a. Mailing Address			59-1115818	1	Not Applicable	
		26		·	5. Certificate of Status Desired	L +	Additional Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
City & Stat		City & State		·	7. Is this nonprofit corporation a horr			
Zip	Country 25	Zip 29	Country 30		8. This corporation owes or has paid Personal Property Tax due June 3	ю. 🛛 Үөс	ntangible	
	9. Name and Address of Curre	nt Registered Agent	81 N	ame	10. Name and Address of New Reg	Istered Agent		
	PROPERTY MANAMENT		82 Si	treet Addre	ss (P.O. Box Number is Not Acceptable)		
745 12TH AVE S. Suite d			63		A			
						84 City 85 Zip Code		
NAPLES	5 FL 33940 to the provisions of Sections 617.050 registered agent, or both, in the State	22 and 617.1508, Florida Statu 5 of Florida, Such change was			ration submits this statement for the pu	FLIT		
NAPLES		jations of, Section 617.0503, F	ites, the above-na authorized by the	med corpo corporatio	ration submits this statement for the pui n's board of directors. I hereby accept	FLIT		
NAPLES 1. Pursuant office or r agent. I a IGNATURE 2.	to the provisions of Sections 617.050 agistered agent, or both, in the State im familiar with, and accept the oblig signifier, types or printed name of registered ag OFFICE RS AN	aritions of, Section 617.0503, Fl ant and title if applicable (NO ID DIRECTORS	tes, the above-na authorized by the lorida Statutes. TE: Registered Agent signed 13.	med corpo corporatio		FL rpose of changing the appointment a DATE RS AND DIRECTO	its registered s registered RS IN 12	
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