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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 811627

1. Corporation Name

THE SHORELAND, INC.

Principal Place of Business
1203 HILLSBORO MILE
HILLSBORO BEACH FL 33062
US

Mailing Address
1203 HILLSBORO MILE
HILLSBORO BEACH FL 33062
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/14/1957	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0783981	
24 Country		29 Country		30	
				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	

9. Name and Address of Current Registered Agent

KOUKOULIS, ANGELO
1203 HILLSBORO MILE
C/O SHORELAND
HILLSBORO BEACH FL 33062

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	ROLL, CARL	1.2 NAME	
STREET ADDRESS	1203 HILLSBORO MILE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	CIRILLO, GEORGE	2.2 NAME	
STREET ADDRESS	1203 HILLSBORO MILE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	KOUKOULIS, ANGELO	3.2 NAME	
STREET ADDRESS	1203 HILLSBORO MILE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	MARVAY, MARION	4.2 NAME	
STREET ADDRESS	1203 HILLSBORO MILE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	STEWART, GEORGE	5.2 NAME	
STREET ADDRESS	1203 HILLSBORO MILE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, 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 REQUIRED

Date

Daytime Phone #

CR2E037 (1/98)