DOCUMENT # 837691  1. Entity Name SHORELINE PROPERTIES, INC.					FILED Jan 11, 2001 8:00 am Secretary of State
Principal Plac	e of Business	Mailing Address			01-11-2001 90030 021 ***150.00
100 BLUFF VIEV BELLEAIR BLUF US		100 BLUFF VIEW DRIVE, 3020 BELLEAIR BLUFFS FL 33770 US	<b>;</b>		
2751 F	lace of Business REGENCY OAKS BLVD.	3. Mailing Address 2751 REGENCY	OAKS B	LVD.	<del>-</del> -
Suite, Apt.	*, etc. S 211	Suite, Apt. #, etc.	211	ĺ	DO NOT WRITE IN THIS SPACE
City & State	WATER, FL.	City & State CLEARWATER, FL.			4. FEI Number 13-1977623 Applied For Not Applicable
Zíp	Country	Zip	Country		5 Certificate of Status Desired \$8.75 Additional
_ 331	759 USA 6. Name and Address of Current F	33759	USA.		7. Name and Address of New Registered Agent
ZYSM 100 I BELL		Street A	Address (F	PHEN B. ZYSMAN  (P.O. Box Number is Not Acceptable)  EGENCY OAKS BLVD. S. 211	
			City	CLEAR	ARWATER FL Zin Code 557.59
8. The above	Staplen B. 340	man	Stephe	n B, Presi	ered agent, or both, in the State of Florida.  7. Zysman Sident Jan. 4, 2001  ad when reinstating)  DATE
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After MAY 1, 2001 Make Check Payable	Fee will be \$	550. <b>00</b>	ate
11.	OFFICERS AND D		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PICKER, HARVEY HARBOR HOUSE 5 SEA ST CAMDEN ME	☐ Delete	TITLE , NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition ☐ Addition ☐ Change ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ E Co. (1,000)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZYSMAN, CHARLOTTE 100 BLUFF VIEW DR.,302C BELLEAIR BLUFFS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	275 CLI	751 REGENCY OAKS BLVD., S 211 LEARWATER, FL. 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT - ZYSMAN, STEPHEN B. 100 BLUFF VIEW DR #302C BELLEAIR BLUFFS FL	☐ Delete	TITLE TAME NAME STREET ADDRESS CITY-ST-ZIP	1	751 REGENCY OAKS BLVD. S 211 LEARWATER, FL. 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· .	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	i den isth de i den isth	··· · · · ·
indicated of the cor	on this report or supplemental report is	true and accurate and that my wered to execute this report as	signature shall l	have the s	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Stephen B. Zysman Vive-President\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

727-725-1885

1-4-2001