FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G94318 (4)

1. Corporation Name
FLORIDA SHORELINES, INC.

Principal Place of Business	Mailing Address
636 N. MAYO P.O. BOX 468 CRYSTAL BEACH FL 34681	636 N. MAYO P.O. BOX 468 CRYSTAL BEACH FL 34681

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 642 N. Mayo Street	26 642 N. Mayo Street
Suite, Apt. #, etc. 22 P.O. Box 468	Suite, Apt. #, etc. 27 P.O. Box 468
City & State 23 Crystal Beach, FL	City & State 28 Crystal Beach, FL
Zip 24 34681 Country 25 U.S.A.	Zip 29 34681 Country 30 U.S.A.

4. FEI Number: 59-2390113 [ ] 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

STOWERS, HAL
636 N. MAYO
CRYSTAL BEACH FL 34681

10. Name and Address of New Registered Agent

81 Name: Stowers, Hal
82 Street Address (P.O. Box Number is Not Acceptable): 642 N. Mayo Street
83
84 City: Crystal Beach FL 85 Zip Code: 34681

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.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	DP	TITLE	D/P	[X] Change [ ] Addition
NAME	STOWERS, HAL	NAME	Stowers, Hal	
STREET ADDR	636 N. MAYO	STREET ADDRESS	642 N. Mayo Street	
CITY-ST-ZIP	CRYSTAL BEACH FL	CITY-ST-ZIP	Crystal Beach, FL 34681	
TITLE	DS	TITLE	D/S	[X] Change [ ] Addition
NAME	STOWERS, B.J.	NAME	Stowers, B.J.	
STREET ADDR	636 MAYO	STREET ADDRESS	642 N. Mayo Street	
CITY-ST-ZIP	CRYSTAL BEACH FL	CITY-ST-ZIP	Crystal Beach, FL 34681	
TITLE		TITLE		[ ] Change [ ] Addition
NAME		NAME		
STREET ADDR		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		[ ] Change [ ] Addition
NAME		NAME		
STREET ADDR		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		[ ] Change [ ] Addition
NAME		NAME		
STREET ADDR		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		[ ] Change [ ] Addition
NAME		NAME		
STREET ADDR		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hal Stowers 4-25-95 813-784-5016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · DATE · DAYTIME PHONE

0461031 FP