

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90202 048 ***158.75

DOCUMENT # J16092

1. Corporation Name
SHORELINE MAIL SERVICES, INC.



Principal Place of Business
5200 NORTH FEDERAL HWY. #2
FT. LAUDERDALE FL 33308

Mailing Address
5200 NORTH FEDERAL HWY. #2
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/19/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2687318	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				8.75 Additional Fee Required	
6. Election Campaign Financing				5.00 May Be Added to Fees	
Trust Fund Contribution				8. This corporation owes the current year Intangible Personal Property Tax.	
				Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HAMMERLY, JEFFREY L		81 Name	
5200 NORTH FEDERAL HWY. #2		82 Street Address (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33308		83	
		84 City	
		FL 85 Zip Code	

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 Signature, typed or printed name of registered agent and title if applicable (NOT E: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change Addition
NAME	HAMMERLY, JEFFREY L.	1.2 NAME	
STREET ADDRESS	420 NW 49TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
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 119.073(j), 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 with a further like empowered.

SIGNATURE DATE 4/26/99 DAYTIME PHONE # 954-719-0999

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CR2E034 (11/98)