

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J17125** (2)
1. Corporation Name
SHORELINE FOUNDATION, INC.

Principal Place of Business
**3221 W. HALLANDALE BEACH BLVD.
PEMBROKE PARK FL 33023**

Mailing Address
**3221 W. HALLANDALE BEACH BLVD.
PEMBROKE PARK FL 33023**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/02/1986	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2695595		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**REED, BARRY S.
9701 S.W. 57TH STREET
COOPER CITY FL 33328**

10. Name and Address of New Registered Agent

81 Name **Royo, James A.**
82 Street Address (P.O. Box Number is Not Acceptable)
1316 N.W. 127th DRIVE
83
84 City **SUNRISE** FL 85 Zip Code **33328**

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  **JAMES A. ROYO** **1-16-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVPS	11 TITLE	DVPS
NAME	REED, BARRY S.	12 NAME	REED, BARRY S.
STREET ADDRESS	9710 SW 57TH STREET	13 STREET ADDRESS	11060 S.W. 23rd Street
CITY-ST-ZIP	COOPER CITY FL	14 CITY-ST-ZIP	DAVIE, FL 33328
TITLE	DVP	21 TITLE	DVP
NAME	MC GEE, JOHN R.	22 NAME	McGee, JOHN R
STREET ADDRESS	6550 SW 99TH AVE.	23 STREET ADDRESS	11050 S.W. 23rd Street
CITY-ST-ZIP	COOPER CITY FL	24 CITY-ST-ZIP	DAVIE, FL 33328
TITLE	DP	31 TITLE	
NAME	ROYO, JAMES A.	32 NAME	
STREET ADDRESS	1316 NW 127TH AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	34 CITY-ST-ZIP	
TITLE	DVP	41 TITLE	
NAME	BETANCOURT, MICHAEL	42 NAME	
STREET ADDRESS	541 LAKESIDE CIRCLE	43 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33328	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **JAMES A. ROYO** **1-16-98 (305) 624-9770**

CR2E034 (10/97)