

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Northing
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K74518

(7)

1. Corporation Name

SHORELINE OF THE FLORIDA KEYS, INC.

Principal Place of Business

Mailing Address

6409 2ND TERRACE, SUITE 5
P O BOX 6206
KEY WEST FL 33041-6206
US

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P O BOX 6206
KEY WEST FL 33041-6206
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/22/1989

3a. Date of Last Report

08/17/1994

4. FEI Number

65-0109618

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. 193.022,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERSON, JOHN W.
#6 TEACH RD
P O BOX 1054
SUMMERLAND KEY FL 33042

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 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

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT
NAME	PETERSON, JOHN W.
STREET ADDRESS	#6 TEACH RD, PO BOX 1054
CITY - ST - ZIP	SUMMERLAND KEY FL
TITLE	VPS
NAME	PETERSON, SHEILA M
STREET ADDRESS	6 TEACH RD PO BOX 1054
CITY - ST - ZIP	SUMMERLAND KEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	VP
2.3 STREET ADDRESS	PETERSON, SHEILA, M
2.4 CITY - ST - ZIP	6 Teach Lane, Box 1054 Summerland Key, FL 33042
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	S
3.3 STREET ADDRESS	KATUBI, DAINA
3.4 CITY - ST - ZIP	3573 NW 78th Lane Coral Springs, FL 33042
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(k), 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:

Daina D. Katubi Daina D. Katubi 4/28/95 305.973.3335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Type in Block 13)