

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

FILED

Apr 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # K74518 (7)

1. Corporation Name

SHORELINE OF THE FLORIDA KEYS, INC.



Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1989

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 22926 Teach Lane  
Suite, Apt. #, etc.

22 City & State  
23 Cudjoe Key FL

24 Zip 33042 25 Country USA

2a. Mailing Address

26 P.O. Box 42 084/  
Suite, Apt. #, etc.

27 City & State  
28 Summerland Key, FL

29 Zip 33042-084/ 30 Country US

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

John W. Peterson President

3/22/98

Signature, typed or printed name of registered agent and for if applicable (NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

☐ DELETE

TITLE VP  
NAME PETERSON, SHEILA M  
STREET ADDRESS 6 TEACH RD PO BOX 1054  
CITY-ST-ZIP SUMMERLAND KEY FL

☐ DELETE

TITLE S  
NAME KATUBI, DAINA  
STREET ADDRESS 3573 NW 78 LANE  
CITY-ST-ZIP CORAL SPRINGS FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
street Address N/A  
P.O. Box 42 1054  
Summerland Key FL 33042-1054

☒ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
street Address N/A  
P.O. Box 42 1054  
Summerland Key, FL 33042-1054

☒ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 in an attachment with an address.

SIGNATURE John W. Peterson President

3/22/98 305-745-1037

CR2E034 (10/97)