

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K79502

(6)

1. Corporation Name

SHORE ENGINEERS INC.



Principal Place of Business

125 AIRPORT RD N
SUITE 201
NAPLES FL 33942

Mailing Address

125 AIRPORT RD N
SUITE 201
NAPLES FL 33942

3. Date Incorporated or Qualified
04/12/1989

3a. Date of Last Report
07/19/1995

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

25

29

30

4. FEI Number
65-0120226

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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OWLIAEI, BAHRAM
125 AIRPORT RD N
SUITE 201
NAPLES FL 33942

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 in the appropriate

(Print or Typed Agent Signature or Seal when required)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME DP
STREET ADDRESS OWLIAEI, BAHRAM
CITY-ST-ZIP 2711 CITRUS LAKE DR #106
NAPLES FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

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3.4 CITY-ST-ZIP

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5.1 TITLE

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8.1 TITLE

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8.4 CITY-ST-ZIP

TITLE ☐ DELETE

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-ST-ZIP

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10.1 TITLE

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26.4 CITY-ST-ZIP

TITLE ☐ DELETE

27.1 TITLE

27.2 NAME

27.3 STREET ADDRESS

27.4 CITY-ST-ZIP

TITLE ☐ DELETE

28.1 TITLE

28.2 NAME

28.3 STREET ADDRESS

28.4 CITY-ST-ZIP

SIGNATURE:

Bahram Owliaei

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BAHRAM OWLIAEI

4-16-96

941-643-6633

Date

Daytime Phone #

CR2E034 (12/95)