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Jan 20 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 # L13208 (8)
1. Corporation Name
SHORELINE AUTOS, INC.

Principal Place of Business
8190 66TH ST. NORTH
PINELLAS PARK FL 33781

Mailing Address
P O BOX 1877
PINELLAS PARK FL 33780
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/01/1989

4. FEI Number
59-2966198
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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

ALLEN, C. STEPHEN
ONE URBAN CENTRE, SUITE 335
4830 WEST KENNEDY BLVD.
TAMPA FL 33609

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WELCH, MARIE
STREET ADDRESS 8190 66TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781 ☐ DELETE

TITLE VD
NAME WELCH, MARIE
STREET ADDRESS 8190 66TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781 ☐ DELETE

TITLE V
NAME REECER, J. T.
STREET ADDRESS 422 3RD AVE N
CITY-ST-ZIP TIERRA VERDE FL ☒ DELETE

TITLE VD
NAME SCHMOLL, PEGGY
STREET ADDRESS 5097 40TH ST. S.
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.D
1.2 NAME LINDA M. LEWIS
1.3 STREET ADDRESS 204 43RD AVE.
1.4 CITY-ST-ZIP ST. PETE BEACH, FL. 33706 ☐ Change ☒ Addition

2.1 TITLE V.D
2.2 NAME PEGGY SCHMOLL
2.3 STREET ADDRESS 4922 QUEEN PALM TERRACE, N.E.
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33703 ☒ 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 on an attachment with an address.

SIGNATURE:

Marie Welch

1-9-98 813-544-4424

CR2E034 (10/97)