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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

P93000052096 (3)

SHORFLINE ENTERPRISES, INC.

SHUHELINE ENTERPRISES, IN	
Principal Place of Business	Ma⊭ng Address
12672 ENCHANTED HOLLOW DRIVE	12672 ENCHANTED HOLLOW DRIVE



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rincipal Place of Bu	usiness	Ma⊭ng Address						
12672 ENCHANTED HOLLOW DRIVE		12672 ENCHANTED	12672 ENCHANTED HOLLOW DRIVE					
JACKSONVILLE	FL 32225	JACKSONVILLE FL 32225		3. Date incorporated or Qualif	2 Data Incorporated or Qualified 3a. Date of Last Report			
				07/26/1993		/15/199		
				4. FEI Number			plied For	
. Principal Place o	f Business	2a. Mailing Address 26 12758 MUIR	EIELD BVD. 50				t Applicable	
	UIRFIELD BVD. SO.	26 1 2 7 2 8 MUIR Suite, Apt #, etc.	11000 0101 00	Certificate of Status Desired	d []	\$8.75		
Suite, Apt. #, etc		27				Fee Re	<u>.:</u>	
		City & State		6. Election Campaign Financin	ng 🔲	\$5.00		
Orty & State	IVILLE, FLORIDA	28 JACKSUNYII	LE, FLORIDA	Trust Fund Contribution		Added I		
Zib Zib	Country	Zip	Country	 I R This comporation has liability 	y for intangible tax i Yes \[\] No	unicion 5 1	23.032,	
コネココンド	25 U.S.A.	29 32225	30 U.S.A.	10. Name and Address of N	ew Registered Ag	gent		
9	Name and Address of Curren	t Registered Agent	B1 Name					
				ELACE, HAROLD	t.			
LOVELAC	E, HAROLD E		82 Street Ad	adress (P.O. Box Number is Not Acc 58 MUIRFIELD B	DULEVAR	D_ 50	MTH	
12672 EN	ICHANTED HOLLOW DRIVE		83	DO MINIKETULO O	V			
JACKSON	WILLE FL 32225					06 7:0	Code	
			84 City	CKSONVILLE	FL	2~	าววร	
			toe toe who we named on	poration submits this statement for to board of directors. Thereby accept the			o'ctored offin	
familiar with, a	agent, or both, in the State of Flori and accept the obligations of, Sect				CATE			
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SIGNATURE:

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 (904) 868-9694