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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000056323

1. Corporation Name

SHORELINE GRAPHICS, INC.

Principal Place of Business
2212 68TH DR E
ELLERGON EL GAGGO

Mailing Address

## **FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90035 010 \*\*\*150.00



2212 68TH DR E ELLENTON FL 34222					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 08/11/1993			
2. Principal Place of Business	2a. Mailing Address				4. FEI Number		Applied For	
21	26				65-0429907		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	City & State	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip Country	Zip	Zip Country			This corporation owes the curre     Personal Property Tax.		gible ] Yes □ No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
			81	Name				
DEGONZAGUE, ALAN 2212 68TH DR EAST			82	Street Address (P.O. Box Number is Not Acceptable)				
ELLENTON FL 34222		1	83					
			84	City		FL	85 Zip Code	
11. Pursuant to the provisions of Sections 607	.0502 and 607.1508, Florida Statu	utes, the ab	ove-r	named corpor	ation submits this statement for the part of directors. I hereby accept	ourpose of cha	anging its registered	

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or pnnted name of registered agent and title if applicable. (NC	TE: Registered Agent signature requ	ired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DE GONZAGUE, ALAN J	1.2 NAME	
STREET ADDRESS	2212 68TH DR E	1.3 STREET ADDRESS	
CITY-ST-ZIP	ELLENTON FL 34222	1,4 CITY-ST-ZIP	
TITLE	\$ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DEGONZAGUE, PATRICIA	2.2 NAME	
STREET ADDRESS	2212 68TH DRIVE EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ELLENTON FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TMLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	j
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY- ST- ZIP	Seeklen 110.07(2)(i) Florida Statutos   further certify that the information

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, with all other like empowered.

SIGNATURE: