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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000018645 (7)

## THE SHORELINE CORPORATION OF AMERICA

Principal Place of Business Mailing Address
7294 NW 70TH ST. 5741 DEWEY ST

## FILED Apr 14 1998 8:00am Secretary of State

|--|

MIAMI FL 331	166	HOLLYWOOD FL 33023						DO	NOT WRITE	IN THIC C	DACE		
									3. Date Incorporated of 03/01/1996		III III O		
2. Principal Pl	ace of Busine	2a. Mailin	2a. Mailing Address					4. FEI Number			17	Applied For	
21		26	26				-	65-0653976				Not Applicable	
Suite, Apt. (	#, etc.	Suite,	Suite, Apt. #, etc.					5. Certificate of Status	Desired		\$8.75	Additional	
22		27	27					5. Certificate of Status	Desired		Fee f	Required	
City & State	)		Cily &	Cily & State					6. Election Campaign	Financing		\$5.00	O May Be
23				28					Trust Fund Contribu	ition		Added	to Fees
Zip	-	Country	Zip		<del></del>	ountry	•		8. This corporation ow				
24	2	<del></del>	[29]		30	1			Personal Property T				□ No
		nd Address of Curren	it Hegistered A	rgent	81	Name		10. Name and Address	B OT NEW HE	gistered A	Seur		
MELENDEZ, MARGIN A						Name							į
	I DEWEY S					Street Address (P.O. Box Number is Not Acceptable)							
nu	LLYWOOD	FL 33023				83						· · · · · · · · · · · · · · · · · · ·	
						03							
						84	City					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	Clauster, burnet or	 r printed name of registered age	or and the it analysis	de (MCI	If - Doplets	A	nt clonet un so		vhen reinstating)		DATE		
12.	aignature typno oi	OFFICERS AN		ac (tac)	13		ini signature n	regured w	ADDITIONS/CHANGE	S TO OFFIC		DIBECTO	RS IN 12
TITLE	PD			DELETE		TITLE			ADDITIONOJOTANOL	-0 10 01110		Change	
NAME	MELEND	EZ, MARGIN A				NAME	1					_ •	_  ;
STREET ADDRESS	TODA ANAL TOTAL OT						ADDRESS						
CITY-ST-ZIP	MIAMI FL	. 33166				CITY-S							
TITLE	D			DELETE		TITLE					1	Change	Addition
NAME	GONZALI	ez, mario			2.2	NAME							
STREET ADDRESS	7294 NW	70TH ST.		2.33		2.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL	. 33166			2.4	CITY-S	31 - ZIP						
TITLE	D	<del></del>		DELETE	~	TITLE						Change	☐ Addition
NAME	PERLMAI	n, morton				3.2 NAME							
STREET ADDRESS	6741 DE	wey st					3.3 STREET ADDRESS						
CITY-ST-ZIP	HOLLYW	OOD FL 33023			34	. CITY-S	31 - <b>Z</b> IP						
TITLE	D			DELETE		TITLE						Change	☐ Addition
NAME		LAWRENCE			4.7	NAME							
STREET ADDRESS	5741 DE\				4.3	STREET	ADDRESS						
CITY-ST-ZIP	HOLLYW	OOD FL 33023			4.4	CITY-S	1 - ZiP						
TITLE				DELFTE	51	1ITLE						Change	☐ Addition
NAME					5.2	NAME							1
STREET ADDRESS					5.3	STREET	ADDRESS						[
CITY-ST-ZIP					5.4	CITY-S	T - ZiP		<del>,</del>				
TITLE				DELETE	6.1	TITLE						Change	Addition
NAME					6.2	NAME							
STREET ADDRESS					6.3	STREET	ADDRESS						
CITY-ST-ZIP					6.4	CITY - S	1 - ZIP						
Indicated of officer or d	on this annual lire <b>c</b> tor of the	Freport or supplementa	il annual report river or trustee	is true and acc empowered to	ate a	nd tha	at my signa	nature s	ction 119.07(3)(i), Florid shall have the same lega d by Chapter 607, Florid	al effect as if	made und	er oath; tl	hat I am an