


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000048628 (7)**

1. Corporation Name

SHORELINES USA, INC.

Principal Place of Business
**17739 LONGPOINT DRIVE
REDINGTON SHORES FL 33708**

Mailing Address
**17739 LONGPOINT DRIVE
REDINGTON SHORES FL 33708**

FILED
97 JUL 23 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6061 BANZA DEL MAR BLVD Suite, Apt. #, etc. 207 City & State ST. PETERSBURG, FL Zip 33715 Country PENELLAS		2a. Mailing Address 6061 BANZA DEL MAR BLVD Suite, Apt. #, etc. 207 City & State ST. PETERSBURG, FL Zip 33715 Country PENELLAS		3. Date Incorporated or Qualified 06/03/1996		3a. Date of Last Report NA	
21		26		4. FEI Number 59-3352399		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
8. Name and Address of Current Registered Agent SCHORR, JEFFREY M 17739 LONGPOINT DRIVE REDINGTON SHORES FL 33708				10. Name and Address of New Registered Agent			
				81 Name JEFFREY M. SCHORR			
				82 Street Address (P.O. Box Number is Not Acceptable) 6061 BANZA DEL MAR BLVD #207			
				83			
				84 City ST. PETERSBURG, FL			
				85 Zip Code 33715			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	JEFFREY M. SCHORR - PRESIDENT
STREET ADDRESS		1.3 STREET ADDRESS	6061 BANZA DEL MAR BLVD #207
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33715
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	500002253025-2
STREET ADDRESS		3.3 STREET ADDRESS	-07/30/97--01100--015
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

SIGNATURE REQUIRED

7/18/97

CR2E034 (4/97)

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THIS WAS MY 1ST
NOTICE!

[Signature]