

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 # P96000048628

1. Corporation Name

SHORELINES USA, INC.

Principal Place of Business

6061 BAHIA DEL MAR BLVD.
207
ST. PETERSBURG FL 33715

Mailing Address

6061 BAHIA DEL MAR BLVD.
207
ST. PETERSBURG FL 33715

2. Principal Place of Business

21 459 87TH AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 459 87TH AVE
Suite, Apt. #, etc.

City & State

23 ST PETE BEACH, FL
Zip Country

City & State

28 ST. PETE BEACH, FL
Zip Country

24 33706 25 USA

29 33706 30 USA

9. Name and Address of Current Registered Agent

SCHORR, JEFFREY M
6061 BAHIA DEL MAR BLVD. #207
ST. PETERSBURG FL 33715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1996

4. FEI Number

59-3352399

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

JEFFREY M. SCHORR

82 Street Address (P.O. Box Number is Not Acceptable)

459 87TH AVE.

83

84 City

ST. PETE BEACH

FL

85 Zip Code

33706

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 of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/4/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SCHORR, JEFFREY M
STREET ADDRESS 6061 BAHIA MAR BLVD. #207
CITY-ST-ZIP ST. PETERSBURG FL 33715

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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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 ☒ Change ☐ Addition

1.2 NAME JEFFREY M. SCHORR

1.3 STREET ADDRESS 459 87TH AVE.

1.4 CITY-ST-ZIP ST. PETE BEACH, FL 33706

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 (727)360-4629
Daytime Phone #

CR2E034 (1/98)