

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

FILED

Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000069287 (5)

1. Corporation Name

SHORELINE-REPORTER INC.

Principal Place of Business

145 108TH AVE. N., SUITE 5  
TREASURE ISLAND FL 33706

Mailing Address

145 108TH AVE. N., SUITE 5  
TREASURE ISLAND FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1997

4. FEI Number

59-3363509

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 123 108TH AVE N

26 123 108TH AVE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 TREASURE ISLAND

28 TREASURE ISLAND

24 33706 25 Country

29 33706 30 Country

9. Name and Address of Current Registered Agent

WENDY, STRATIS  
8034 33RD AVE. N. JUNGLE TERR.  
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

BERNARD W. KARLE

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

10018 S. YACHT CLUB DRIVE

83

TREASURE ISLAND

84 City

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

*Bernard W. Karle*

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-98

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	WENDY, STRATIS	
STREET ADDRESS	8034 33RD AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONNELLY, DWIGHT	
STREET ADDRESS	14028 RIDGELAWN RD.	
CITY-ST-ZIP	MARTINSVILLE FL 72442	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ISELL, RONALD J	
STREET ADDRESS	212 S. CENTRAL	
CITY-ST-ZIP	CASEY FL 82420	

TITLE	Bernard Karle	<input type="checkbox"/> DELETE
NAME	BERNARD KARLE	
STREET ADDRESS	10018 S. YACHT CLUB DRIVE	
CITY-ST-ZIP	TREASURE ISLAND 33706	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BERNARD KARLE	
1.3 STREET ADDRESS	10018 S. YACHT CLUB DRIVE	
1.4 CITY-ST-ZIP	TREASURE ISLAND 33706	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-98

Date

Ordinary Phone # 0001371

CR2E034 (10/97)