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 # P97000099209

SHORELINE REALTY, INC.

		44 W 444					/11 3 10036 10118 110	## ## ################################
Principal Place of Business Mailing Address						1		
3350 N.W. 2ND AVENUE 3350 N.W. 2ND AVENUE								
SUITE B-38		••••	SUITE B-38			DO NOT WRITE IN THIS SPACE		
BOCA RATON	FL 33431	DOOM HATCH FL 33431	OCA RATON FL 33431			3. Date Incorporated or Qualifed		
						11/20/1997		
5 Driveing D	llage of Projects	2a. Mailing Address				4, FEI Number		Applied For
-	lace of Business	—————————————————————————————————————	Manny Address			59-2009327	Not Applicable	
21 26 Suite Ant # etc Suite, Apt #, etc.			-			39 2009321		Additional
						5. Certificate of Status Desired	•	Required
22	<u> </u>	City & State				- Flori Commiss Singaria		
City & Stat	ie ·	⊢ '	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
23		28		into.				101663
Zip	Country	Zip		intry		8. This corporation owes the current year	Intangible Yes	□No
24	25	29	30			Personal Property Tax.		
	9. Name and Address of Curren	nt Registered Agent		04	N	10. Name and Address of New Register	sa Agent	
041	IENDO CAM C			81	Name			!
CALIENDO, SAM C				82	Street Addr	et Address (P.O. Box Number is Not Acceptable)		
3350 N.W. 2ND AVENUE								
	TE B-38			83				ļ
BOC	CA RATON FL 33431						85 Zip	Code
				84	City	F	FL 65 21	Code
44 Purcuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statu	ites, the a	bove-	named corp	poration submits this statement for the purpose	of changing if	ts registered
Office or I	registered agent or both in the State.	of Florida, Such change was	autnonze	0 DV 1	he corporation	on's board of directors. I hereby accept the ap	pointment as r	registered
agent. I a	im familiar with, and accept the obliga	itions of, Section 607.0505, FI	iorida Stat	utes.				
SIGNATURE						d when reinstating) DATE		
	Signature, typed or printed name of registered age			Agent	signature require	ADDITIONS/CHANGES TO OFFICERS		CODS IN 12
12.	T""	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	D	☐ DETE LE	1,1 Ti				Glange	, [],,,,,,,,,
NAME	CALIENDO, SAM S			AME				
STREET ADDRESS	3350 NW 2ND AVE, STE B-38		1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431 11		1.4 C	1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 T	TLE			Change Change	e
NAME	CALIENDO, SAM C		2.2 N	AME				ı
STREET ADDRESS	AATA 1817 AND 11 F ATT 6 44		2.3 S	TREET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431			OTY-ST	<u> </u>			
TITLE			31 T				☐ Change	e Addition
			3.2 N		1		-	
NAME	-				ADDRESS			
STREET ADDRESS	1				ADDRESS			
CITY-ST-ZIP				TTY-ST	-ZIP		Change	e Addition
TITLE		☐ DELETÉ	4.1 T					, <u> </u>
NAME			4.21	MAME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP			4.4 0	ITY-ST	-ZIP			
TITLE	`	☐ DELETE	5.1 T	ITLE	T		☐ Change	e Addition
NAME			5.2 N	IAME				
STREET ADDRESS			5.3 S	TREET	ADDRESS			
			5.4 C	ITY-ST	-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 T				Change	e Addition
HALE	}	_ 522216	6.2 N				_ •	_

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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90025 005 ***150.00