

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 NOV 19 PM 12:35

DOCUMENT # P98000008109

1. Corporation Name
 LIMESTONE SHORES, INC.

Principal Place of Business
 6769 CHURCH STREET
 JUPITER FL 33458

Mailing Address
 6769 CHURCH STREET
 JUPITER FL 33458



REINSTATEMENT 99
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 1170 Dolphin Road	65-0796817	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28 Singer Island, FL	<input type="checkbox"/>	
Zip	Zip	8. This corporation owes the current year intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29 33404		
Country	Country		
25	30 U.S.A.		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, GUA E 725 N. A1A STE. E-208 JUPITER FL 33477	81 Name E.T. Strickland
	82 Street Address (P.O. Box Number is Not Acceptable) 1170 Dolphin Road
	83
	84 City Singer Island FL 88 Zip Code 33404

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 *E.T. Strickland* E.T. Strickland 11/12/99
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSTP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND	1.2 NAME	
STREET ADDRESS	1170 DOLPHIN ROAD	1.3 STREET ADDRESS	400003063624--1
CITY-ST-ZIP	SINGER ISLAND FL 33404	1.4 CITY-ST-ZIP	-12/07/99--01097--016
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	***750.00 <input type="checkbox"/> ADD <input type="checkbox"/> SUB
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	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 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: *E.T. Strickland* E.T. Strickland 11/12/99 (561)881-0030
Signature and typed or printed name of signing officer or director Date Daytime Phone #

609002

CR2E034 (5/99)