

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

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90066 030 \*\*\*150.00

DOCUMENT # P98000028926

1. Corporation Name

SHORESIDE FLORIDA, INC.

Principal Place of Business

200 SOUTH BISCAYNE BLVD., STE. 3900  
C/O RUBEN DIAZ JR., P.A., ERNEST & YOUNG  
MIAMI FL 33131

Mailing Address

200 SOUTH BISCAYNE BLVD., STE. 3900  
C/O RUBEN DIAZ JR., P.A., ERNEST & YOUNG  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1998

4. FEI Number

050842237

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

2. Principal Place of Business

21 2550 Eisenhower Blvd

Suite, Apt #, etc.

22 Bldg 611 #306

City & State

23 Ft Lauderdale FL

Zip

Country

24 33316 25 USA

2a. Mailing Address

26 PO Box 21428

Suite, Apt #, etc.

27

City & State

28 Ft Lauderdale FL

Zip

Country

29 33335 30 USA

9. Name and Address of Current Registered Agent

ADAMS, GALLINAR, IGLESIAS & MEYER, P.A.  
701 BRICKELL AVE., STE. 2150  
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 obligation 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

TITLE D ☐ DELETE  
NAME SHIPP, ARTHUR J  
STREET ADDRESS: 200 SOUTH BISCAYNE BLVD., STE. 3900  
CITY-STATE-ZIP MIAMI FL 33131

TITLE D ☐ DELETE  
NAME PACKHAM, KEITH R  
STREET ADDRESS: 200 SOUTH BISCAYNE BLVD., STE. 3900  
CITY-STATE-ZIP MIAMI FL 33131

TITLE ☐ DELETE  
NAME  
STREET ADDRESS:  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS:  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS:  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS:  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)