

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90040 025 \*\*\*150.00

**DOCUMENT #** *P98000091450 OK ✓*

1. Corporation Name

*SHORELINE MARINE ENTERPRISES, INC.*

Principal Place of Business

Mailing Address

*4434 N. US #1**VERO BEACH, FL 32967**SAME*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

*10/27/1998*

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional

Fee Required

6. Election Campaign Financing ☐**\$5.00** May BeTrust Fund Contribution ☐

Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*WILLIAM CULLEN ALEY*  
*4434 N. US #1*  
*VERO BEACH, FL 32967*

81 Name

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

83

84 City

**FL**

85 Zip Code

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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

*6-8-99*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE1.1 TITLE ☐ Change ☐ AdditionNAME *PDT*

1.2 NAME

STREET ADDRESS *WILLIAM CULLEN ALEY*

1.3 STREET ADDRESS

CITY-ST-ZIP *4434 N. US #1*

1.4 CITY-ST-ZIP

*VERO BEACH, FL 32967*2.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETE

2.2 NAME

NAME *VP. S. D.*

2.3 STREET ADDRESS

STREET ADDRESS *JAMES CHARLES NEVINS*

2.4 CITY-ST-ZIP

CITY-ST-ZIP *4434 N. US #1*3.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETE

3.2 NAME

NAME

3.3 STREET ADDRESS

STREET ADDRESS

3.4 CITY-ST-ZIP

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETE

4.2 NAME

NAME

4.3 STREET ADDRESS

STREET ADDRESS

4.4 CITY-ST-ZIP

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETE

5.2 NAME

NAME

5.3 STREET ADDRESS

STREET ADDRESS

5.4 CITY-ST-ZIP

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETE

6.2 NAME

NAME

6.3 STREET ADDRESS

STREET ADDRESS

6.4 CITY-ST-ZIP

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: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James C. Nevins*

SECRET

*4/29/99*

Date

*(561) 778-4886*

Daytime Phone #

CR2E034 (1/98)