

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jan 25, 1999 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

01-25-1999 90053 009 \*\*\*\*\*61.25

**DOCUMENT # 703355**

1. Corporation Name  
**PIN-GRO-VIL INC**

Principal Place of Business  
 8901 LAWRENCE RD PINE GROVE VIL  
 BOYNTON BEACH FL 33436

Mailing Address  
 8901 LAWRENCE RD PINE GROVE VIL  
 BOYNTON BEACH FL 33436



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	02/01/1962
23	City & State	City & State	4. FEI Number
24	Zip	Country	59-6140131
25	Country	Country	Applied For
26	Country	Country	Not Applicable
27	Country	Country	5. Certificate of Status Desired <input type="checkbox"/>
28	Country	Country	\$8.75 Additional Fee Required
29	Country	Country	6. Election Campaign Financing <input type="checkbox"/>
30	Country	Country	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CHICHESTER, MARJORIE A 4041 N. SHADY LANE BOYNTON BEACH FL 33436		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes:

SIGNATURE Marjorie A. Chichester ST DATE 1/5/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGROOT, SHIRLEY	1.2 NAME	
STREET ADDRESS	4034 S SHADY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, WILLIAM	2.2 NAME	
STREET ADDRESS	8970 W. SHADY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLER, BEV	3.2 NAME	
STREET ADDRESS	4155 NO SHADY LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHICHESTER, MARJORIE A	4.2 NAME	
STREET ADDRESS	4041 N. SHADY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL 33436	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 617, 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: Marjorie A. Chichester SIGNATURE REQUIRED: Marjorie A. Chichester DATE: 1/5/99 DAYTIME PHONE: 561-238-0253

CR2E037- (11/98)