CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L03317 1, Corporation Name

PIONEER HEIGHTS, INC.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90089 013 ***150.00



Principal Place of Business Mailing Add			dress			-	f 0,5011 01814 01011 B	ICH BABA IPOI
6251 PALM VISTA ST		% JAMES J. KEARN	% JAMES J. KEARN					
PORT ORANGE FL 32124		138 LIVE OAK AVE	138 LIVE OAK AVE					
US		DAYTONA BCH FL 32114		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
		US						Ì
2 Principal P	Place of Business	2a, Mailing Address				07/20/1989 4. FEI Number	An	plied For
⊢ ,	race of Doguless	26				31-1276284		t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	-			The second secon	***************************************	
22			27			5. Certifcate of Status Desired	Fee Re	I
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	- 1
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Cur	rent Registered Agent		<u> </u>		10. Name and Address of New Registere	d Agent	
1/5	mi lilian l			81	Name			
KEARN, JAMES J				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
138 LIVE OAK AVE				Ш				
UAY.	TONA BCH FL 32114			83				}
				84	City	F	85 Zip (Code
11 Pursuant	to the provisions of Sections 6074	3502 and 607.1508, Florida Sta	tutes, the a	above-	named corpo	oration submits this statement for the purpose n's board of directors. I hereby accept the app		registered
office or r	registered agent, or both, in the Sta am familiar with, and accept the obt	are of Florida. Such change was	authorized	d by th	ne corporatio	n's board of directors. I hereby accept the app	ointment as re	gistered
		ngalions or, Section 607.0303, i		iules.		-/	7/99	ا د
SIGNATURE	- there are I for the							
1 /		agent and title if applicable. (NO	TE: Registered	d Agent s	signature required	when reinstating) DATE	- · /	
12.	Signature, typed or printed name of egistered	agent and title if applicable. (NO AND DIRECTORS	TE: Registered	-	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
12.	Signature, typed or printed name of egistered	7	_ i _		signature required		AND DIRECTO	DRS IN 12
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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 somewhere the secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR