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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22 1997 8:00am Secretary of State

PINE STREET PARTNERS, INC. Principal Piace of Business 4440 PGA BLVD SUITE 500 PALM BCH GARDENS FL 33410-6540 US		Mailing Address C/O LYNDA R. AYCOCK 3000 INDEPENDENT SOLIARE JACKSONVILLE FL 32202-5041			3. Date Incorporated or Qualified 3a. Date of Last Report			
a Demoired Of	Jace of Business	2a. Mailing Address		····	02/12/1990 4. FEI Number	04/0	5/1996	Applied For
601 Riverside Ave.		26. Walling Address	•		65-0176404		⊢ →	Not Applicable
Suite Apt i	# etc	Suite, Apt. #, etc	2.		5. Certificate of Status Desired			5 Additional
	II - Suite 670	27						Required
City & State	onville, FL	City & State			Election Campaign Financing Trust Fund Contribution			May Be
эраскас Zip	Country	Zip	Co	untry	This corporation has liability for			
4 32204	1 25 USA	29	30		Florida Statutes	Yes [] No	
	9. Name and Address of Curre	nt Registered Agent	-··· 	81 Name	10. Name and Address of New R	egistered /	\gent	
	OCK, LINDA R.							
3000 INDEPENDENT SQUARE JACKSONVILLE FL 32202				82 Street Add	dress (P.O. Box Number is Not Accepta	ible)		
UNO!	TOOMINELS I'D GEEGE			83				
				84 City			85 Z	ip Code
) "		FL	1 1	•
MODIFICATION				ed by the corporatures.	rporation submits this statement for the ation's board of directors. I hereby acce	ppt the app	ointment	as registered
Signature 1 2. Tile	PSD ADAMS, AUGUSTUS H., III		(NOTE: Register 13.	ed Agent signature requ		DATE		ORS IN 12
SIGNATURE 12. THE NAME STREE ADORESS	PSD ADAMS, AUGUSTUS H., III 239 RIDGE RD	oct and file if sypteable ND DIRECTORS	(NOTE: Register 13. 14. 1.1 1.2 1.3	ed Agent signature requirements IITLE NAME STREET ADDRESS	uired when reinstaling)	DATE	DIRECT	ORS IN 12
SIGNATURE 12. THE NAME STREEL ADDRESS CITY SELZIP	PSD ADAMS, AUGUSTUS H., III	oct and file if sypteable ND DIRECTORS	(NOTE: Register 13. 1.1 1.2 1.33 1.41	ed Agent signature requ IIITLE NAME STREET ADDRESS CITY-ST-ZIP	uired when reinstaling)	DATE	DIRECT	ORS IN 12 le Additio
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SIGNATURE 2. THE SAME TREET ADDRESS STY-ST-ZIP THE SAME SAME AME AME AME AME AME AME AME	PSD ADAMS, AUGUSTUS H., III 239 RIDGE RD	gert and fill et aggrécable ND DIRECTORS DELET DELET DELET	(NOTE: Register 13. 14. 1.2 1.3 1.4 1.2 2.1 2.3 2.4 1.6 3.1 3.2 3.3 4.4 1.6 4.1 4.2 4.3	HARDERS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	uired when reinstaling)	DATE	DIRECTI Charg	ORS IN 12 le Addition le Addition le Addition
SIGNATURE 2. III.: IAME TREFFADORESS III.: IMELIADORESS III.: IMELIADORESS III.: II	PSD ADAMS, AUGUSTUS H., III 239 RIDGE RD	port and file if applicable ID DIRECTORS DELET DELET DELET	(NOTE: Register 13. E 1.1' 1.2' 1.3: 1.41 E 2.1' 2.21 2.3: 2.4 3.1' 3.2' 3.3: 3.4 4.2' 4.3' 4.4 4.4'	ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	uired when reinstaling)	DATE	DIRECTI Charg	ORS IN 12 e
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CICLIATION	PSD ADAMS, AUGUSTUS H., III 239 RIDGE RD	DELET	(NOTE: Register 13. 14. 1.21 1.33 1.4. 1.6 2.1 2.33 2.4 1.6 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 1.6 5.7 5.2 5.3 5.4 1.6 6.1	ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	uired when reinstaling)	DATE	DIRECTI Chang Chang Chang	ORS IN 12 e
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Tam 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 Brock 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daytime Phone #

0029337