

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M52493 (7)**

1. Corporation Name
PINE RIDGE ORCHIDS, INC.



Principal Place of Business: **21100 SW 300 ST. HOMESTEAD FL 33030-7812**
Mailing Address: **1725 COURTHOUSE TOWER 44 WEST FLAGLER ST. MIAMI FL 33130**

3. Date Incorporated or Qualified: **05/21/1987**
3a. Date of Last Report: **03/29/1995**
4. FEI Number: **59-2813560**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
22 State, Apt. #, etc.: 27 State, Apt. #, etc.:
23 City & State: 28 City & State:
24 Zip: 25 Country: 29 Zip: 30 Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KREEGER, JUDITH L., ESQ.
1725 COURTHOUSE TOWER
44 WEST FLAGLER ST.
MIAMI FL 33130**

81 Name: **TERRY A. GLANCY**
82 Street Address (P.O. Box Number is Not Acceptable): **21100 SW 300 ST**
83
84 City: **HOMESTEAD** FL 85 Zip Code: **33030**

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: *Terry A. Glancy* (TERRY A. GLANCY) PRES. 2/16/96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE: PT <input type="checkbox"/> DELETE	11.2 NAME: GLANCY, TERRY A	11.3 STREET ADDRESS: 21100 SW 300 ST. HOMESTEAD FL 33030-7812	11.4 CITY-STATE-ZIP: HOMESTEAD FL 33030-7812
12.1 TITLE: VPS <input type="checkbox"/> DELETE	12.2 NAME: GLANCY, BARBARA C	12.3 STREET ADDRESS: 21100 SW 300 ST. HOMESTEAD FL 33030-7812	12.4 CITY-STATE-ZIP: HOMESTEAD FL 33030-7812
13.1 TITLE: AS <input checked="" type="checkbox"/> DELETE	13.2 NAME: KREEGER, JULIAN H	13.3 STREET ADDRESS: 44 WEST FLAGLER ST., 1725 COURTHOUSE TWR. MIAMI FL 33130	13.4 CITY-STATE-ZIP: MIAMI FL 33130
14.1 TITLE: <input type="checkbox"/> DELETE	14.2 NAME:	14.3 STREET ADDRESS:	14.4 CITY-STATE-ZIP:
15.1 TITLE: <input type="checkbox"/> DELETE	15.2 NAME:	15.3 STREET ADDRESS:	15.4 CITY-STATE-ZIP:
16.1 TITLE: <input type="checkbox"/> DELETE	16.2 NAME:	16.3 STREET ADDRESS:	16.4 CITY-STATE-ZIP:

14. I do hereby certify that the information supplied within this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Back 12 or Back 13 if changed, or on an attachment with an address.

SIGNATURE: *Terry A. Glancy* (TERRY A. GLANCY) 1/19/96 (305) 247-4839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)