FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

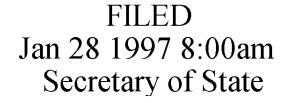
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16990

1. Corporation Name

(6)

PINES PALM OFFICE PARK, INC.



Daytime Phone # 0023786

	-					
Principal Place of Business Mailing Address						#11
10021 PINES BLVD		10021 PINES BLVD.	10021 PINES BLVD.			
STE 101	ICC EL 00004	#101	# · • ·			
PEMBROKE PINES FL 33024 US		PEMBROKE PINES FL 33024-6168 US		3. Date Incorporated or Qualified 09/25/1986	3a. Date of Last Report 03/04/1996	
2. Principal Place of Business 2a. Mailing Address				····	4. FEI Number	Applied For
21 26			· L		59-2604858	Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.	-		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	.)		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	·····		8. This corporation has liability for intangible tax under s. 199.032,	
24	25 9. Name and Address of Curre	29 29 Agent	30	· · · · · · · · · · · · · · · · · · ·	Florida Statutes 10. Name and Address of New Reg	Yes No
<u></u>	5, 1101110 0110 1110 1110	in negistered Agent	8	1 Name	10. Name and Address of New Heg	istered Agent
ROSS, B	IARRY					***************************************
10021 PINES BLVD				2 Street Add	ress (P.O. Box Number is Not Acceptable	e)
STE 101				3	***	
PEMBROKE PINES FL 33024			<u>.</u>	4 City		85 Zip Code
				,		FL ! i i
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Fiorida 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 _	Signature, typed or printed name of registered ag	and and this if angles his	TF. Decision of A		Ired when reinstating)	
12.		ND DIRECTORS	13.	geni signatura requi	ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition
NAME	ROSS, BARRY		1.2 NAM	E		
STREET ADDRESS	10021 PINES BLVD, STE 101	l	1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY	-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE			Change Addition
NAME	SANCHEZ, LORRAINE		2.2 NAM	E		
STREET ADDRESS	10011 PINES BLVD., #B PEMBROKE PINES FL			ET ADDRESS		
CITY-ST-ZIP TITLE	STD	DELETE	2.4 CITY 3.1 TITLE	-ST-ZIP		☐ Change ☐ Addition
NAME	HEYDER, KENNETH		3.2 NAM			Columbia Columbia
STREET ADDRESS	10081 PINES BLVD., #E		, , , , , , , , , , , , , , , , , , , ,	ET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES FL			-ST-ZIP		
TITLE		DELETE	4 1 TITLE			☐ Change ☐ Addition
NAME			4 2 NAM	IE		
STREET ADDRESS			4.3 STRE	et address		
CITY-ST-ZIP			4.4 DITY			
TITLE		☐ DELETE	5.1 TITLE			Change (Addition
NAME CIRCLI ADDRICO			5.2 NAM			
STREET ADDRESS CHTY-ST-ZIP				ET ADDRESS		
TITLE		☐ DELETE	5.4 CITY 6.1 TITLE		***************************************	Change Addition
NAME		hand a second	6.2 NAM			Free Asserting T Vital(01)
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	-ST-ZIP		
14. I do 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 agricular people is 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 charged, or on an attachment with an address.						
appears in Block 12 or Block 13 g Changeth, or on an attachment with an address.						