

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 16 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41847 (7)**

1. Corporation Name  
**PINE AVENUE CAR CARE CENTER CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>101 NE 1ST AVENUE OCALA FL 32670</b>	Mailing Address <b>107 NE 1ST AVE SUITE B OCALA FL 34470 US</b>
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3. Date Incorporated or Qualified  
**01/29/1991**

4. FEI Number  
**59-3111120**

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26 <b>2603 SE 17th St #B</b>
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28 <b>Ocala FL</b>
Zip 24	Country 29 <b>34471</b>
Country 25	Country 30 <b>Marion</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**RUDNIANYN, JOHN S.  
 101 N.E. 1ST AVENUE  
 Ocala FL 32670**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>STD</b>	
NAME	<b>RUDNIANYN, JOHN S</b>	
STREET ADDRESS	<b>101 NE 1ST AVE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>PD</b>	
NAME	<b>BERMAN, WALTER R</b>	
STREET ADDRESS	<b>2603 S E 17TH ST #B</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	
NAME	<b>EBERT, SCOTT</b>	
STREET ADDRESS	<b>2100 SOUTH PINE AVE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
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 registered agent 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 in an attachment with an address.

SIGNATURE:  **Walter R. Berman** 2/10/98 352-732-2772

CFR2037 (10/97)