

FILE NOW: FILING FEE IS \$61.25


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Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90070 047 ***61.25

JUGS7
 NONPROFIT CORPORATION
 ANNUAL REPORT
1999
 0-47



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N41847
 1. Corporation Name
PINE AVENUE CAR CARE CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 101 NE 1ST AVENUE
 Ocala FL 32670

Mailing Address
 2603 SE 17TH ST. #B
 Ocala FL 34471
 US



| | | |
|--------------------------------|---------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suites, Apt. #, etc. | 26 Suite, Apt. #, etc. | 01/29/1991 |
| 22 City & State | 27 City & State | 4. FEI Number |
| 23 Zip | 28 Country | 59-3111120 |
| 24 Country | 29 Country | 5. Certificate of Status Desired <input type="checkbox"/> |
| | 30 | \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |
| | | \$5.00 May Be Added to Fees |

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
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

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

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

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** 1/8/99 352-732-2777
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)