

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-17-2001 90408 042 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002773
 1. Entity Name
 PINEAPPLE GROVE ARTWALK, INC. (LA)

Principal Place of Business Mailing Address
 298 PINEAPPLE GROVE WAY 279 PINEAPPLE GROVE WAY
 DELRAY BEACH FL 33444 DELRAY BEACH FL 33444

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. 298 Pineapple Grove Way
 City & State Suite, Apt. #, etc.
 Delray Beach, FL.
 Zip Country Zip Country
 33444 Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0835220 Not Applicable

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

6. Name and Address of Current Registered Agent
 MINERLEY, KENNETH
 990 NORTH FEDERAL HIGHWAY, SUITE 205
 BOCA RATON FL 33432

7. Name and Address of New Registered Agent
 Name: JOHN P. MCKENNA
 Street Address (P.O. Box Number is Not Acceptable): 111 NE 4th ST
 City: DELRAY BEACH FL Zip Code: 33444

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *John P. McKenna* JOHN P. MCKENNA, TREASURER 6/11/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANNING, WILLIAM		NAME	Aldo Congliaro	
STREET ADDRESS	9 NE 2ND ST		STREET ADDRESS	137 E. Atlantic Avenue	
CITY-ST-ZIP	DELRAY BEACH FL 33444		CITY-ST-ZIP	Delray Beach, FL. 33483	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIPOULOULOS, GARY		NAME	Nancy Stewart	
STREET ADDRESS	14 NE 4TH AVE		STREET ADDRESS	105 S. E. 1st Avenue	
CITY-ST-ZIP	DELRAY BCH FL 33488		CITY-ST-ZIP	Delray Beach, FL. 33444	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONGLIARO, ALDO		NAME	David Beale	
STREET ADDRESS	137 E. ATLANTIC AVE		STREET ADDRESS	355 N. E. 5th Avenue, Ste. 1	
CITY-ST-ZIP	DELRAY BEACH FL 33444		CITY-ST-ZIP	Delray Beach, FL. 33483	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENNA, JOHN		NAME		
STREET ADDRESS	279 PINEAPPLE GROVE WAY		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33444		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEALE, DAVID		NAME		
STREET ADDRESS	172 NE 2ND AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33444		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John P. McKenna* SIGNATURE REQUIRED 6/11/01 (561) 276-7025
Signature and typed or printed name of signing officer or director Date Dorsum Phone #

CR2E037 (10/00)