

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT - 1996



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

DOCUMENT # P94000068390 (1)

1. Corporation Name

PIPELINER CORPORATION OF BROWARD

Principal Place of Business

Mailing Address

9871 WATERMILL CIRCLE
 SUITE C
 BOYNTON BEACH FL 33437

9871 WATERMILL CIRCLE
 SUITE C
 BOYNTON BEACH FL 33437

2. Principal Place of Business

2a. Mailing Address

21 **6574 N State Rd. 7**

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite # 266**

27

City & State

City & State

23 **Coconut Creek, FL**

28

Zip

Country

Zip

Country

24 **33073**

25 **Broward**

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHERNAY, GARY A
 712 U.S. HWY. ONE
 NORTH PALM BEACH FL 33408**

81 Name **William V. Soltan**

82 Street Address (P.O. Box Number is Not Acceptable)

6574 N. State Rd. 7

83 **Suite # 266**

84 City **Coconut Creek**

FL

86 Zip Code **33073**

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

[Signature]

Signature, typed or printed name of registered agent and address if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	SOLTAN, WILLIAM V	9871 WINDMILL CIRCLE	BOYNTON BEACH FL 33437	<input type="checkbox"/>
VTS	ROGER, JOHN E	6861 S.W. 5TH STREET	MARGATE FL 33068	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with 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 its 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 attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-96 (954) 570-4086

Date

Daytime Phone #

REINSTATEMENT

3. Date Incorporated or Qualified

08/18/1994

3a. Date of Last Report

08/25/1995

4. FEI Number

65-0521684

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

CR2E034 (3/96)