## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000093631 (7)

PIN PLACE, INC.

## **FILED** Jan 21 1998 8:00am Secretary of State



5: : 15:	<u> </u>		Mallian Address					- i länkitäät tiin täkit ainit antet matti antit natur satab tiita attab kitat eins tabi		
Principal Place		Mailing Address	•							
7860 PETERS ROAD SUITE F104 PLANTATION FL 33324			PLANTATION FL 33324	7860 PETERS ROAD SUITE F104 PLANTATION FL 33324						
, 5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			V = 11.000, N = 0.000				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified			
					_		12/28/1994			
2. Principal Pl	ace of Busin	ess	2a. Malling Address				4. FEI Number Applied F 65-0545877 Not Applie			
Suite, Apt. (	# oto		Suite, Apt. #, etc.	Suite Apt # atc			CO 75 August			
22	#, B(C.		——————————————————————————————————————	27			5. Certificate of Status Desired Fee Required			
City & State	<del></del>		City & State				6. Election Campaign Financing \$5.00 May Be	e		
23			28	28			Trust Fund Contribution Added to Fees			
Zip Country			Zip	Zip Country			8. This corporation owes or has paid the current year Inlangible	•		
24 25							Personal Property Tax due June 30. Yes No			
			rent Registered Agent	0.1	т	Name	10. Name and Address of New Registered Agent			
KRENZ, GENE					81 Name					
		ROAD SUITE F104		<b>82</b> Stri		Street A	Address (P.O. Box Number is Not Acceptable)			
PLA	I NOITATION	FL 33324		83	+					
					1					
				84	1	City	FL 85 Zip Code			
44 Purcuant t	to the provisi	ione of Sections 607 (	1502 and 607 1508. Florida Statute	s the abov	VA:	-named (	corporation submits this statement for the purpose of changing its regist	tered		
office or re	enistered an	ent or both in the Sta	ate of Florida Such change was a ligations of, Section 607.0505, Flo	uthorized b	W	the corp.	poration's board of directors. I hereby accept the appointment as registe	red		
SIGNATURE ,			0.071				trequired when reinstating) DATE			
12.	Signature typed	or printed name of registered  OFFICERS A	AND DIRECTORS	13.	gen	ii signature r	o required when reinstating) DATE.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	OTTIGETOT	DELETE	1.1 TITLE				ddition		
NAME	KRENZ,	ALICE		1.2 NAME						
STREET ADDRESS		TERS ROAD SUITE	F104	1.3 STREE	ET A	ADDRESS				
CITY-ST-ZIP		TION FL 33324		1.4 CITY-	st	i - ZIP				
TITLE	C		DELETE	2.1 TITLE	-		☐ Change ☐ Ac	ddition		
NAME	KRENZ,	GENE		2.2 NAME						
STREET ADDRESS		TERS ROAD SUITE	F104	2 3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	PLANTA	TION FL 33324		2 4 CITY-		T-ZIP				
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NAME				3.2 NAME		ŀ				
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NAME				4. 2 NAMI						
STREET ADDRESS						ADDRESS	,			
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TITLE				5.1 TITLE			- Visigo - I	20111011		
NAME				5.2 NAME		*DODCCC				
STREET ADDRESS				5.3 STREE		- 1				
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - 6.1 TITLE		:-ZIP	Change A	ddition		
NAME				6.2 NAME						
STREET ADORESS				6.3 STREE		ADDRESS I				
CITY_ST_7IP				6 4 CITY-	· ST	1-7IP	· ·			
14. I hereby c	ertify that the	e information supplier	with this filing does not qualify to	or the exem	pt	ion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the inform	ation		
indicatéd officer or i	on this annu director of the	al report or supplier ne corporation of the r	Intal annual report is true and accepceiver or trusten employeer of	urate and the execute this	na s r	it my sigr eport as	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the inform gnature shall have the same legal effect as if made under oath; that I am s required by Chapter 607, Florida Statutes; and that my name appears in	an in		
Block 12	or Block 13 i	changed, or do an a	itlachment with an address.	N.		K	Come			
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