

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **368053** (5)

1. Corporation Name  
**PIONEER DEVELOPMENT GROUP, INC.**



Principal Place of Business: **455 N INDIAN ROCKS RD BELLEAIR BLUFFS FL 34640**  
Mailing Address: **455 N INDIAN ROCKS RD BELLEAIR BLUFFS FL 34640**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **08/06/1970** 3a. Date of Last Report: **04/10/1995**  
4. FEI Number: **59-1309892** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUCKLES, WILLIAM G.  
455 N INDIAN ROCKS RD  
BELLEAIR BLUFFS FL 34640**

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 607.0602 and 607.1508, Florida Statutes, if 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 607.0603, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

11.1 TITLE: DP	<input type="checkbox"/> DELETE
11.2 NAME: VELTMAN, GREG	
11.3 STREET ADDRESS: 455 N INDIAN ROCKS RD	
11.4 CITY, ST, ZIP: BELLEAIR BLUFFS FL	
11.5 TITLE: TSD	<input type="checkbox"/> DELETE
11.6 NAME: BUCKLES, WILLIAM	
11.7 STREET ADDRESS: 455 N INDIAN ROCKS RD	
11.8 CITY, ST, ZIP: BELLEAIR BLUFFS FL	
11.9 TITLE: VD	<input type="checkbox"/> DELETE
11.10 NAME: MOORE, MILES J.	
11.11 STREET ADDRESS: 455 N INDIAN ROCKS RD	
11.12 CITY, ST, ZIP: BELLEAIR BLUFFS FL	
11.13 TITLE: VD	<input type="checkbox"/> DELETE
11.14 NAME: BARODY, MICHAEL	
11.15 STREET ADDRESS: 455 N INDIAN ROCKS RD	
11.16 CITY, ST, ZIP: BELLEAIR BLUFFS FL	
11.17 TITLE: D	<input type="checkbox"/> DELETE
11.18 NAME: VELTMAN, DAVID M.	
11.19 STREET ADDRESS: 455 N. INDIAN ROCKS RD.	
11.20 CITY, ST, ZIP: BELLEAIR BLUFFS FL	
11.21 TITLE: _____	<input type="checkbox"/> DELETE
11.22 NAME: _____	
11.23 STREET ADDRESS: _____	
11.24 CITY, STATE: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME: _____	
12.3 STREET ADDRESS: _____	
12.4 CITY, ST, ZIP: _____	
12.5 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME: _____	
12.7 STREET ADDRESS: _____	
12.8 CITY, ST, ZIP: _____	
12.9 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME: _____	
12.11 STREET ADDRESS: _____	
12.12 CITY, ST, ZIP: _____	
12.13 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME: _____	
12.15 STREET ADDRESS: _____	
12.16 CITY, ST, ZIP: _____	

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 in 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (change) or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

215196 813/585-6333  
DATE: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

CR2E034 (12/95)