

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

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90155 029 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 368053

1. Corporation Name
PIONEER DEVELOPMENT GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**455 N INDIAN ROCKS RD
 BELLEAIR BLUFFS FL 33770
 US**

Mailing Address
**455 N INDIAN ROCKS RD
 BELLEAIR BLUFFS FL 33770
 US**

3. Date Incorporated or Qualified
08/06/1970

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 owes the current year Intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent
**BUCKLES, WILLIAM G.
 455 N INDIAN ROCKS RD
 BELLEAIR BLUFFS FL 33770**

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 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 _____ 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	DP	<input type="checkbox"/> DELETE
NAME	VELTMAN, GREG	
STREET ADDRESS	455 N INDIAN ROCKS RD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	BUCKLES, WILLIAM	
STREET ADDRESS	455 N INDIAN ROCKS RD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOORE, MILES J.	
STREET ADDRESS	455 N INDIAN ROCKS RD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARODY, MICHAEL	
STREET ADDRESS	455 N INDIAN ROCKS RD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VELTMAN, DAVID M.	
STREET ADDRESS	455 N. INDIAN ROCKS RD.	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
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 607, 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: _____ DATE: **2.9.99** DAYTIME PHONE #: **727.585.6333**

CR2E034 (11/98)