**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90105 037 \*\*\*150.00

407.831-7500

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 575363

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

PINE STREET CORPORATION

Principal Place of Business	Mailing Addre	ss					
840 WATERWAY PL	840 WATERWA	Y PL					
LONGWOOD FL 32750		LONGWOOD FL 32750		DO NOT WRITE IN THIS SPACE			
us	US				3. Date Incorporated or Qualifed	OI AOL	
					06/12/1978		l
2. Principal Place of Business	2a. Mailing Ad	Idress			4. FEI Number		Applied For
¬ '	26 26	101033			59-1949445		Not Applicable
Suite, Apt. #, etc.	Suite, Apt.	# etc		···			Additional
Suite, Apr. #, etc.	27	· //, Glo.	·	وميادين ومستحميها	5. Certificate of Status Desired		Required
City & State	City & Sta	te			6. Election Campaign Financing	\$5.00	0 May Be
3	28				Trust Fund Contribution		to Fees
Zip Country		Co	ountry		8. This corporation owes the current year Inta	ngible	-
25	29	30			Personal Property Tax.	∐Yes	□No
	ss of Current Registered Agen			****	10. Name and Address of New Registered	Agent	
1.77			81	Name			
rutberg, gerald s.			82	Ctroot Ad	dress (P.O. Box Number is Not Acceptable)		
670 N. ORLANO AVENUE		82 Street Add		Street Ad	idless (F.O. Box Number is Not Acceptable)		ļ
SUITE 1004-A			83				
MAITLAND FL 32751				~		loci 7i-	Code
	•		84	City	FL	85 Zip	Code
11. Pursuant to the provisions of Secti	ions 607.0502 and 607.1508, Flo	orida Statutes, the	above	named co	rporation submits this statement for the purpose of	changing i	ts registered
office or registered agent, or both, agent. I am familiar with, and acce	in the State of Florida. Such cha	ange was authorize	ed by t	he corpora	ation's board of directors. I hereby accept the appoir	itment as i	registered
	ept the obligations of, Section of	7.0505, Florida 518	atutes.				
SIGNATURE Signature, typed or printed name	of registered agent and title if applicable.	(NOTE: Register	red Agent	signature requ	uired when reinstating) DATE		
	FFICERS AND DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	TORS IN 12
TITLE PST		DELETE 1.1	TITLE		<del></del>	Change	e ☐ Addition
HILE   FOI							
' Time		1.2	NAME				
NAME HATTAWAY, J.M.	ACE			ADDRESS			
NAME HATTAWAY, J.M. STREET ADDRESS 840 WATERWAY PL		1.3					
NAME HATTAWAY, J.M.	750	1.3	STREET	-ZIP	Director	Change	e 🔀 Addition
NAME HATTAWAY, J.M. STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32	750	1.3 1.4 DELETE 2.1	STREET	-ZIP	Director		e 🔀 Addition
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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 received 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 attachy of the corporation of the received of the corporation of the received of the corporation of the received of the corporation of the corporation of the received of t