

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90168 014 ***150.00

DOCUMENT # 610032

1. Corporation Name
T.I.C. PINE ISLAND, INC.

Principal Place of Business
BRICKELL EXECUTIVE TOWER
1428 BRICKELL AVE #105
MIAMI FL 33131

Mailing Address
BRICKELL EXECUTIVE TOWER
1428 BRICKELL AVE #105
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1979

4. FEI Number

59-1912185

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

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

HALPRYN, ERNEST M
1428 BRICKELL AVE #105
MIAMI, FL
33131

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

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME FOX, RUTH
STREET ADDRESS CLARIDGE HOUSE II #9CW
CITY-ST-ZIP VERONA NJ

TITLE VPS ☐ DELETE

NAME HOERNER, JUDITH A.
STREET ADDRESS 1428 BRICKELL AVE #105
CITY-ST-ZIP MIAMI FL 33131

TITLE AS ☐ DELETE

NAME HURTADO, ELLISA
STREET ADDRESS 1428 BRICKELL AVE #105
CITY-ST-ZIP MIAMI FL 33131

TITLE PD ☐ DELETE

NAME HALPRYN, ERNEST M.
STREET ADDRESS 1428 BRICKELL AVE #105
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME FOX, MILTON
STREET ADDRESS CLARIDGE HOUSE II #9CW
CITY-ST-ZIP VERONA NJ

TITLE VPT ☐ DELETE

NAME HALPRYN, GLENN L.
STREET ADDRESS 1428 BRICKELL AVE. #105
CITY-ST-ZIP MIAMI FL 33131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 119.073(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 a I other like empowered.

SIGNATURE:

ERNEST M HALPRYN

APRIL 14, 1999

305 371-4112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0186496