

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723829 (8)

1. Corporation Name
PINE WOODS, INC.

Principal Place of Business Mailing Address
8420 S.W. 188TH TERR. MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/07/1972	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1428802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent KENNELLY, MARTIN J 8420 S W 188 TERRACE MIAMI FL 33157	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, STELLA K	1.2 NAME	
STREET ADDRESS	840 SW 188 TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOCHUBA, JOSEPH E.	2.2 NAME	Glienke, Herman
STREET ADDRESS	1720 S. TREASURE DR.	2.3 STREET ADDRESS	1701 Apache Street
CITY - ST - ZIP	N. BAY VILLAGE FL	2.4 CITY - ST - ZIP	Miami Springs, FL 33166
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, MARK	3.2 NAME	Fisher, Mark
STREET ADDRESS	10740 SW 123 STREET	3.3 STREET ADDRESS	10740 SW 123 Street
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	Miami, FL
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGEL, DAN	4.2 NAME	
STREET ADDRESS	8420 SW 188 TERR	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTO, JOHN	5.2 NAME	
STREET ADDRESS	8420 SW 188 TERR	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUETTE, RONALD	6.2 NAME	
STREET ADDRESS	8420 SW 188 TERRACE	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	6.4 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 110.07(3)(4), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stella Kathleen Reed* 04/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #