FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 23, 1999 8:00 am Secretary of State 02-23-1999 90070 036 ****61.25

DOCUN 1. Corporation	MENT # 723829											
PINE WO	OODS, INC.					`	-			,-		
				····					?			
Principal Place of Business Mailing Address					t							4.4
8420 S.W. 188TH TERR. 8420 S.W. 188TH TERR.					.							
MIAMI FL 33157 MIAMI FL 33157												
i : !						- '		27 ········				,
Principal Place of Business 2a. Mailing Address							Incorporat	ed or Qua	alifed	<u> </u>		
21 26						07/07/1972					Applied For	
Suite, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Number 59-1428802					Not Applicable	
22 27 27 City & State City & City & State		City & State									\$8.75 Additional	
						5. Certificate of Status Desired					Fee Required	
28 Zip Country Zip			Country			6. Elec	tion Campa	ign Finar	cing		\$5.00	May Be
24	25	29)			Trus	t Fund Con	tribution	-,		Added to	
- 1	9. Name and Address of Current	Registered Agent				10. Nan	ne and Add	iress of I	Vew Re	gistered A	Agent	
		•	81	Name	STE	Τ.Τ.Δ	KER	EED				*
REED, STELLA K				Street A	ddress	(P.O. E	ox Number	is Not A	cceptab	le)		
8700 SW 190 ST					<u>870</u>	0 S.	W. 19	90 S1	tree	et.		
MIAMI FL			83			,-			٠,	• •	•	
•			84	City	Mia	mi				FL	85 Zip C	157 J
11. Pursuant	to the provisions of Sections 617.0502	and 617/2508, Florida Statutes,	the above	e-named c	orpora	tion sub	mits this sta	tement fo	or the p	urpose of	changing its	registered
office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and deept the dailyant	Floridat/Such change was authors of Section 617.0503, Florida	iorized by a Statutes	tne corpor	ration's	o Doard (or curectors.	i nereby	accept :	ine appoir	initetikas (e)	gialdieu
SIGNATURE	SULLET FO	20					-				-	
<u> </u>	Signature, typed or printed name of registered agent a		egistered Ager	nt signature nec	quired wh			ANGES T	O OFFI	CERS AN	D DIRECTO	RS IN 12
12.	OFFICERS AND	DIRECTORS DELETE	13. 1.1 TITLE			ADDI	TONSTON		5 0/ 11		Change	Addition
TITLE	TSD STELLAR		1.2 NAMÉ		-				,	•		_,
NAME	REED, STELLA K 8420 SW 188 TERR		1	T ADDRESS	c	4 2 A	s.W.	100	По-	: crado		
STREET ADDRESS	MIAMI FL		1.3 STREE		8	4 Z U	5.W.	700	rer	Lace		
CITY-ST-ZIP	MAMI IL	☐ DELETE	2.1 TITLE	. 28			···	. ,	1		Change	Addition
NAME	GLIENKE, HERMAN	_	2.2 NAME									
STREET ADDRESS	1701 APACHE STREET			T ADDRESS			•					
CITY-ST-ZIP	MIAMI SPRINGS FL		2. 4 CITY-5								-	
TITLE	PD	☐ DELETE	3.1 TITLE							•	☐ Change	☐ Addition
NAME	FISHER, MARK		3.2 NAME									
STREET ADDRESS	ALL 144 ATREET		3.3 STREE	T ADDRESS					**	·. ·		,
CITY-ST-ZIP	MIAMI FL		3.4. CITY-5	ST-ZIP								
TITLE	D	DELETE	4.1 TITLE						-		☐ Change	Addition
NAME	IZAGUIRRE, CESAR		4. 2 NAME				•			٠.,		. ,
STREET ADDRESS	8420 SW 188 TERR			T ADDRESS								
CITY-ST-ZIP	MIAMI FL 33157	Determ	4.4 CITY-S	T-ZIP			<u></u>				☐ Change	Addition
TITLE	VD	☐ DELETE	5.1 TITLE 5.2 NAME	1								
NAME	PETTO, JOHN			TADORESS							•	(
STREET ADORESS:	8420 SW 188 TERR		5.4 CITY-S	1								
CITY-ST-ZIP	MIAMI FL	☐ DELETE	6.1 TITLE	1-417				•			Change	Addition
TITLE	D COUNTY PONNER	□ Acrese	6.2 NAME									_;
NAME	SCHUETTE, RONALD			T ADDRESS								
STREET ADDRESS	8420 SW 188 TERRACE		6.4 CITY-S									
CITY-ST-ZIP	MIAMI FL		5.4 OII 1*3									

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 617. 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: