

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **744536** (4)
1. Corporation Name
IN THE PINES, INC.



Principal Place of Business: 9531 W. ATLANTIC AVENUE, BOX M-117, DELRAY BEACH FL 33446 US
Mailing Address: 9531 W. ATLANTIC AVENUE, BOX 118, DELRAY BEACH FL 33446 US

3. Date Incorporated or Qualified: 10/04/1978
3a. Date of Last Report: 06/29/1995

2. Principal Place of Business: 21 9531 W. Atlantic Ave., 22 Box M-117, 23 Delray Beach, FL, 24 33446
2a. Mailing Address: 26, 27, 28, 29, 30 (SAME)

4. FEI Number: 59-1862904
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: ESPINOZA, MARY, 9531 W ATLANTIC AVE, BOX 118, DELRAY BEACH FL 33446

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when rehashing)

12. OFFICERS AND DIRECTORS		
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ESPINOZA, MARY	
STREET ADDRESS	9531 W. ATLANTIC AVE., BOX M-117	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GORAY, DONNA	
STREET ADDRESS	130 ISLAND DR	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BURELSON, JUDY	
STREET ADDRESS	2975 SW WATERFALL TR	
CITY-ST-ZIP	PALM CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	O'BRIEN, SUSAN	
STREET ADDRESS	7215 W ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Mary Espinoza (MARY ESPINOZA) 4-22-96 407-495-6375
Date Daytime Phone #

CR2E037 (12/95)