


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 18 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/04/1978	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 16101 Half Mile Road Suite, Apt. #, etc. 22 D-2 City & State 23 Delray Beach, Florida Zip 24 33446 Country 25 Palm Beach	2a. Mailing Address 26 16101 Half Mile Road Suite, Apt. #, etc. 27 D-2 City & State 28 Delray Beach, Florida Zip 29 33446 Country 30 Palm Beach
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4. FEI Number 59-1862904	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. 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 (P.O. Box Number is Not Acceptable)	16101 Half Mile Road
83	D-2
84 City	Delray Beach
85 Zip Code	FL 33446

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 *Mary Espinoza* (MARY ESPINOZA) Secretary/Director DATE **8-11-97**

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPINOZA, MARY	1.2 NAME	
STREET ADDRESS	9531 W. ATLANTIC AVE., BOX M-117	1.3 STREET ADDRESS	16101 Half Mile Road
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	Delray Beach, Florida 33446
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORAY, DONNA	2.2 NAME	
STREET ADDRESS	130 ISLAND DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURELSON, JUDY	3.2 NAME	
STREET ADDRESS	2975 SW WATERFALL TR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'BRIEN, SUSAN	4.2 NAME	LOUIS GILLOTTI
STREET ADDRESS	7215 W ATLANTIC AVE	4.3 STREET ADDRESS	7515 W. Atlantic Avenue
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	Delray Beach, Florida
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *Mary Espinoza* SIGNATURE REQUIRED (ESPINOZA) 8-11-97 FL-406-1305

CR2E037 (4/97)