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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F93358** (2)
1. Corporation Name
PINEAPPLE PRESS, INC.

Principal Place of Business Mailing Address
~~1000 MAIN ST. - 0400~~ ~~1000 MAIN ST. - 0400~~
P.O. BOX 16008 P.O. BOX 16008
SARASOTA FL 34239-8008 SARASOTA FL 34239-8008

2. Principal Place of Business **34239**
21 **1745 NORTHGATE BLVD.** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **08/04/1982** 3a. Date of Last Report **02/28/1994**
4. FEI Number **59-2221080** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CUSSEN, DAVID MARTIN
1644 SEMINOLE DR.
SARASOTA FL 34239

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and file # application (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	CUSSEN, DAVID M
STREET ADDRESS	1644 SEMINOLE DR.
CITY - ST - ZIP	SARASOTA FL
TITLE	VP
NAME	CUSSEN, JUNE G
STREET ADDRESS	1644 SEMINOLE DR.
CITY - ST - ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	300001472019
1.3 STREET ADDRESS	-05/02/95--01161--008
1.4 CITY - ST - ZIP	****200.00 ****200.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TIS. 5/1/95
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David M. Cussen **DAVID M CUSSEN** 4-20-95 813-952-1085
(Type) (Typed Name)