

FILE NOW: FILING FEE AFTER MAY 1 IS \$275.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

1745 NORTHGATE BLVD.
P.O. BOX 16000
SARASOTA FL 34234

Mailing Address

3899
P.O. BOX ~~16000~~
SARASOTA FL ~~34200-0000~~
34230

2. Principal Place of Business

21 State: Apt. #, etc.
22 City & State
23 Zip
24 County

2a. Mailing Address

26 P.O. Box 3899
27 State: Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified

08/04/1982

3a. Date of Last Report

05/01/1995

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

81 Name: ~~PINEAPPLE PRESS, INC.~~
82 Street Address (P.O. Box Number is Not Acceptable):
~~1745 NORTHGATE BLVD.~~
83 ~~SARASOTA, FL~~
84 City: ~~SARASOTA, FL~~
85 Zip Code: ~~34234~~

11. Pursuant to the provisions of Sections 607.0102 and 607.1503, 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 obligation of, Section 607.0103, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1 TITLE	P	<input type="checkbox"/> DELETE
12.2 NAME	CUSSEN, DAVID M	
12.3 STREET ADDRESS	1644 SEMINOLE DR.	
12.4 CITY, STATE, ZIP	SARASOTA FL	
12.5 TITLE	VP	<input type="checkbox"/> DELETE
12.6 NAME	CUSSEN, JUNE G	
12.7 STREET ADDRESS	1644 SEMINOLE DR.	
12.8 CITY, STATE, ZIP	SARASOTA FL	
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY, STATE, ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY, STATE, ZIP		

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, STATE, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, STATE, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, STATE, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, STATE, 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(5)(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. 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 Book 12 or Book 13 if changed, upon an attached or an attached address.

SIGNATURE: DAVID M. CUSSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96 941-359-0955
Date Registered Office

CR2E034 (12/95)