FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G18894

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

(7)

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

28

29

PINECREST CLUB, INC.

Principal Place of Business	Mailing Address
1200 8TH AVE S.W. SUITE 301 LARGO FL 34640 US	1200 8TH AVE S.W. LARGO FL 34640 US

9. Name and Address of Current Registered Agent

Country

100 SECOND AVENUE SOUTH STREET

25

HIGGINS, JOHN P

12TH FLOOR

FILED Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

3. Date Incorporated or Qualified

01/14/1983

59-2283122

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

ગ	. PETERODURG FL 33/01		"			
			84	City	FL 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS		13.	THE DISTRICT OF	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	DELETE	1.1 TITLE		Change Addition	
NAME	MOLES, STANLEY S.		1.2 NAME		_ , _	
STREET ADDRESS	1200 8TH AVE. S.W.		1.3 STREET	ADDRESS		
CITY - ST - ZIP	LARGO FL		1.4 CITY - S			
TITLE	D	DELETE	2.1 TITLE	1 211	☐ Change ☐ Addition	
NAME	WATTS, GARRISON G., MR	i	2.2 NAME	1	,	
STREET ADDRESS	1200 8TH AVE. S.W.		2.3 STREET	ADDRESS		
CITY-ST-ZIP	LARGO FL		2, 4 CITY-5	T-ZIP		
TITLE	D	DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	SOUCHAK, MICHAEL	ı	3.2 NAME			
STREET ADDRESS	1200 8TH AVE. S.W.		3.3 STREET	ADDRESS		
CITY-ST-ZIP	LARGO FL		3.4. CITY - 5	T- ZIP		
TITLE	SD	DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	COPE, RICHARD W.	•	4. 2 NAME			
STREET ADDRESS	1200 8TH AVE. S.W.		4.3 STREET	ADDRESS		
CITY-ST-ZIP	LARGO FL		4.4 CITY-S	r-zip		
TITLE	D	DELETE	5.1 TITLE		Change Addition	
NAME	GREEN, FRED, W		5.2 NAME			
STREET ADDRESS	1200 8TH AVE. S.W.		5.3 STREET	ADDRESS		
CITY - ST - ZIP	LARGO FL		5.4 CITY - S	-ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY - ST - ZIP			6.4 CITY - S			
14. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.						
SIGNATURE: BOB - POUR SEQUIRED 2/1/98						

Country

81 Name

30