FILED

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90028 011 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H05912

PINE ISLAND MANAGEMENT CORPORATION

Principal Place of Business Mailing Address							#1#11 #1#11 #1#11 T	•
21277 GREENWOOD COURT 21277 GREENW								
BOCA RATON FL 33433 BOCA RATON FL 33433						DO NOT WRITE IN TH	S SDACE	
						3. Date Incorporated or Qualifed	3 31 AOL	
						05/30/1984		
2 Principal F	Place of Business	2a. Mailing Address				4. FEI Number	Ac	plied For
21	tace of Business	26				59-2425741		t Applicable
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.					\$8.75	
22	, ===	27				5. Certificate of Status Desired	Fee Re	I
City & Sta	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	. Added	
Zip	Country	Zip	Сои	ntry		8. This corporation owes the current year I	ntangible	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registere	d Agent	
				81	Name	•		
	TMAN, FREDERIC, R, MD			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
21277 GREENWOOD CT.				32	Street Add	ress (F.O. Dox Humber is Not Acceptable)		
BOO	CA RATON FL 33443			83				
								Cada
				84	City		L 85 Zip (Code.
11. Pursuani	t to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the al	oove-	named corp	poration submits this statement for the numose of	of changing its	registered
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au	ıthorized	by th	ne corporation	on's board of directors. I hereby accept the app	ointment as re	gistered
•		ations of, decilon our today, rior	ioa Otato	100.				Ì
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered	Agent s	signature require	ed when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TII	LE		,	Change	☐ Addition
NAME	REITMAN, FREDERIC R.		1 2 NA	ME				
STREET ADDRESS	21277 GREENWOOD CT.		1.3 ST	REETA	DDRESS			
CITY-ST-ZIP	BOCA RATON FL		1.4 CII	Y-ST-	ZIP			ľ
TITLE	STD	☐ DELETE	2.1 TIT				Change	☐ Addition
NAME	REITMAN, BARBARA		2.2 NAME			•		
STREET ADDRESS	AMATE ODEELENOOD OF		2.3 ST	REETA	ODRESS	1		J
CITY-ST-ZIP	BOCA RATON FL			TY-ST-		,		
TITLE	DOCK TO THOM TE	☐ DELETE	3.1 ТП			1 1.3 EV	☐ Change	Addition
NAME			3.2 NA	ME				
STREET ADDRESS					DDRESS			}
CITY-ST-ZIP				TY-ST-				
TITLE	 	☐ DELETE	4.1 TII		21		Change	☐ Addition
NAME	Ì		4. 2 N	ME				
STREET ADDRESS	,		1		DDRESS			
CITY-ST-ZIP	1		1	TY-ST-		•		
TITLE		☐ DELETE	5.1 TIT				Change	☐ Addition
NAME			5.2 NA		1			
STREET ADDRESS					DORESS			
	ή			Y-ST-	i	•	-	į
CITY-ST-ZIP TITLE			6.1 TIT			-	Change	☐ Addition
NAME			6.2 NA				L	
- WOYIE	1							ļ
STREET ADDRESS	.]		6.3 ST	REFT Δ	ODRESS I			

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 one an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS