## 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 # **H47732**

1. Corporation Name

PINE FOREST EXECUTIVE APARTMENTS, INC.

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90192 017 \*\*\*150.00



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Principal Place	of Business	Mailing Address			i (88'8): diet 816ti 1881: (88bs (11th 11b) annt athre sidit diet. Sidit annt sidit
1333 EAGLE DR. 1333 EAGLE DR.					
CANTONMENT FL 32533 CANTONMENT FL 32533					DO NOT WIDITE IN THIS SPACE
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 03/15/1985
2 Deigrand Di	and of Business	2a. Mailing Address			4. FEI Number Applied For
					72-6035560 Not Applicable
21   26     Suite, Apt. #, etc.   Suite, Apt. #, etc.					_ \$8.75 Additional
22 27					5. Certificate of Status Desired  Fee Required
City & State City & State					6. Election Campaign Financing 55.00 May Be
23		├ <del></del>			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Intangible
24	25 29		•		Personal Property Tax. Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
FLOWERS, J. L.			82	2 Street Add	dress (P.O. Box Number is Not Acceptable)
1333 EAGLE DRIVE			L		
CAN	Tonment FL 32533		8:	3	
ı			84	4 City	85 Zip Code
				1 1	FL   <u> </u>
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	orized b	v the corporati	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE					red when reinstation) DATE
	Signature, typed or printed name of registered ager		gistered Age	ent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ID DIRECTORS	13.		Change Addition
mle	PD Flowers, J. L.	Dettie			
NAME	1333 EAGLE DRIVE		1.2 NAME		
STREET ADDRESS	CANTONMENT FL			ET ADDRESS	
CITY-ST-ZIP	S S		1.4 CITY- 2.1 TITLE		☐ Change ☐ Addition
TITLE	FLOWERS, ELEANOR K.	- Decerc	2.2 NAME		
NAME	1333 EAGLE DRIVE				
STREET ADDRESS	CANTONMENT FL			ET ADDRESS	المراجب والمواصف والمالية المرازات المراجب والماليين
CITY ST ZIP	OARTONMENT PE	☐ DELETE	2.4 CITY- 3.1 TITLE		☐ Change ☐ Addition
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NAME				ET ADORESS	
STREET ADDRESS					
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NAME				ET ADDRESS	
STREET ADDRESS			4.3 STRE	l l	
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STREET ADDRESS			5.4 CITY-	- 1	
CITY-ST-ZIP		□ DELETE	6.1 TITLE		☐ Change ☐ Addition
			6.2 NAME		
NAME			1	ET ADDRESS	
STREET ADDRESS		!			
CITY-ST-ZIP			6.4 CITY-	31-ZIP	

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, with all other like empowered.

SIGNATURE: