**PROFIT** CORPORATION ANNUAL REPORT



DIVISION OF CORPORATIONS

## DOCUMENT # J10968 PINES PALM DEVELOPERS, INC.

(2)

## . FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **FILED** Jan 27 1997 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State 1997

| Principal Place<br>10021 PINE BLV<br>SUITE 101<br>PEMBROKE PIN | <b>/D</b> .  | 10021 PIN<br>#101      | PENBROKES PINES FL 33024-6168     |             |                     |                   |  |                    |                                  |                            |  |
|--|--|------------------------|-----------------------------------|-------------|---------------------|-------------------|--|--------------------|----------------------------------|----------------------------|--|
| US .   |  | US                     | US                                |             |                     |                   | Date Incorporated or Qualified     04/24/1986  |                    | Date of Last Report<br>3/04/1996 |                            |  |
| 2. Principal Pl  | ace of Business  | 2a. Mailin             | g Address                         |             |                     |                   | 4. FEI Number<br>65-0001557  |                    |                                  | plied For<br>t Applicable  |  |
| Suite, Apt   | #, etc.  | Suite,                 | Apt #, etc.                       |             |                     |                   | 5. Certificate of Status Desired   | 1 1                | 3.75 /<br>Fee Re                 | Additional<br>quired       |  |
| City & State   |  | City & <b>28</b>       | State                             |             |                     |                   | Election Campaign Financing     Trust Fund Contribution  |                    |                                  | May Be<br>o Fees           |  |
| Ζφ<br><b>24</b>  | Country 25   | Zip<br>29              |                                   | 30          | ountry              | •                 | This corporation has liability for Florida Statutes  | intangible tax u   |                                  | 199.032,                   |  |
|  | 9. Name and Address of Curre   |                        | \gent                             | . 1001      | 7                   |                   | 10. Name and Address of New Re   |                    |                                  |                            |  |
|  | s, barry   |                        |                                   |             | 81                  | Name              |  |                    |                                  |                            |  |
| 10021 PINES BLVD.<br>#101                                      |  |                        |                                   |             | 82                  | Street Ac         | et Address (P.O. Box Number is Not Acceptable)   |                    |                                  |                            |  |
| PEMI   | BROKE PINES FL 33024   |                        |                                   |             | 83                  |                   |  |                    |                                  |                            |  |
|  |  |                        |                                   |             | 84                  | City              |  | FL 85              | Zip (                            | Code                       |  |
| office or re   | to the provisions of Sections 607.056<br>egistered agent, or both, in the State<br>or lamiliar with, and accept the oblig  | eof Florida, Suc       | h change was                      | authori     | zed by              | the corpor        | orporation submits this statement for the pation's board of directors. I hereby acceptation's  | ourpose of char    | nging it<br>ent as               | s registered<br>registered |  |
| SIGNATURE.   | Signature, typed or printed raine of registerest ag  | ent and tit≪ d'applica | ble (NC                           | OTE: Regist | ered Age            | ent signature rec | guired when reinstating)   | DATE               |                                  |                            |  |
| 12.  |  | ID DIRECTORS           |                                   | 1           | 3.                  |                   | ADDITIONS/CHANGES TO OFFIC   |                    |                                  |                            |  |
| TITLE  | VS<br>ROSS, BARRY  |                        | L DELETE                          |             | 1 TITLE             |                   |  |                    | Change                           | Addition                   |  |
| NAME   | 10021 PINES BLVD. #101   |                        |                                   |             | 2 NAME              |                   |  |                    |                                  |                            |  |
| STREET ADDRESS   | PEMBORKE PINES FL  |                        |                                   |             |                     | ADDRESS           |  |                    |                                  |                            |  |
| DITY-ST-ZP<br>TITLE  | PO   |                        | DELETE                            |             | 4 CITY-S<br>1 TITLE | I - ZIP           |  |                    | Change                           | Addition                   |  |
| NAME   | ROSS, ALBERT   |                        |                                   | 1           | 2 NAMÉ              |                   |  | . ب                | n en igo                         | Addition                   |  |
| STREET ADDRESS   | 1021 PINES BLVD  |                        |                                   | 1           |                     | ADDRESS           |  |                    |                                  |                            |  |
| CITY: S1: ZIP  | PEMBROKE PINES FL  |                        |                                   | 1           | 4 CiTY - 1          | · · ·             |  |                    |                                  |                            |  |
| TiTLE  | D  |                        | DELETE                            |             | 1 TITLE             |                   |  |                    | Change                           | Addition                   |  |
| NAME   | HOLLANDER, DAVID   |                        |                                   | 3 :         | 2 NAME              |                   |  |                    |                                  |                            |  |
| STREET ADDRESS   | 3109 STERLINE R #200   |                        |                                   | 3           | 3 STREET            | ADDRESS           |  |                    |                                  |                            |  |
| CITY-ST-ZIP  | FT. LAUDERDALE FL  |                        |                                   |             | 4. CITY-            | ST - ZIP          |  |                    |                                  |                            |  |
| TITLE  |  |                        | ☐ DELETE                          |             | 1 TITLE             |                   |  | LJ (               | Change                           | Addition                   |  |
| NAME   |  |                        |                                   |             | 2 NAME              |                   |  |                    |                                  |                            |  |
| STREET ADDRESS   |  |                        |                                   |             |                     | ADDRESS           |  |                    |                                  |                            |  |
| DITY-ST-Z-P<br>TITLE   |  |                        | DELETE                            |             | 4 CITY+S<br>1 TITLE | i - ZIP           |  |                    | Change                           | Addition                   |  |
| NAME   |  |                        |                                   |             | 2 NAME              |                   |  | ٠.,٠               | - rangu                          |                            |  |
| STREET ADDRESS   |  |                        |                                   |             |                     | ADDRESS           |  |                    |                                  |                            |  |
| CITY-ST-7IP  |  |                        |                                   |             | 4 CITY - S          | l                 |  |                    |                                  |                            |  |
| TITLE  | THE RESERVE OF THE PARTY OF THE | tett                   | DELETE                            |             | 1 TITLE             |                   |  |                    | Change                           | Addition                   |  |
| NAME   |  |                        |                                   | 6:          | 2 NAME              |                   |  |                    |                                  |                            |  |
| STREET AUDRESS   |  |                        |                                   | 6           | 3 STREET            | ADDRESS           |  |                    |                                  |                            |  |
| CITY - ST - ZIP  |  |                        |                                   |             | 4 CITY - S          |                   |  |                    |                                  |                            |  |
| information  I am an of  | n indicated on this agrical regard or  | subplemental a         | nnual report is<br>r trustee empo | true an     | d acci              | trate and th      | ed in Section 119.07(3)(i), Florida Statute<br>at my signature shall have the same lega<br>out as required by Chapter 607, Florida S | al effect as if ma | ade una                          | der nath: that             |  |
| SIGNAT   | URE: SIGNATURE AND TYPED O   | R PRINTED NAME O       | F SIGNING OFFICE                  | ER OR DIR   | ECTOR               |                   | 1/17 /97   | Dayt me            | Fhone #                          |                            |  |