


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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J47225 (4)					
1. Corporation Name: PINEWOOD GABLES, INC.					
1997 Principal Place of Business 640 AMBASSADOR CT SUNNY HILLS FL 32428 US		Mailing Address 1997 540 AMBASSADOR CT 105 S. 5TH ST SUNNY HILLS FL 32428-1801 US			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/12/1986 3a. Date of Last Report 07/15/1996 4. FEI Number 59-2787820 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent 1997 BELECKAS, WITHOLD 540 AMBASSADOR CT SUNNY HILLS FL 32428				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BELECKAS, JOHN R.				
STREET ADDRESS	1883 MADISON ST				
CITY-ST-ZIP	RIDGEWOOD NY				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BELECKAS, GENE				
STREET ADDRESS	540 AMBASSADOR CT				
CITY-ST-ZIP	SUNNY HILLS FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MONGOVEN, WILLIAM J.				
STREET ADDRESS	105 S. 5TH ST				
CITY-ST-ZIP	CHIPLEY FL				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	BUCZYNA, JOHN				
STREET ADDRESS	248 OAKER STREET				
CITY-ST-ZIP	SUNNY HILLS FL				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	BELECKAS, WITHOLD				
STREET ADDRESS	540 AMBASSADOR CT 1997				
CITY-ST-ZIP	SUNNY HILLS FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
14. I do hereby certify that the information supplied with this filing 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: <u><i>John R. Beleckas</i></u> 4/18/97 904-773-3333					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)