

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 # **J47225** (4)  
1. Corporation Name  
**PINEWOOD GABLES, INC.**

Principal Place of Business

Mailing Address

1991 AMBASSADOR CT  
SUNNY HILLS FL 32428  
US

1991 AMBASSADOR CT  
105 S. 5TH ST  
SUNNY HILLS FL 32428  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1986

4. FEI Number

59-2787620

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

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

TITLE	D	DELETE
NAME	BELECKAS, JOHN R.	
STREET ADDRESS	1883 MADISON ST	
CITY-ST-ZIP	RIDGEWOOD NY	
TITLE	D	DELETE
NAME	BELECKAS, GENE	
STREET ADDRESS	540 AMBASSADOR CT	
CITY-ST-ZIP	SUNNY HILLS FL	
TITLE	D	DELETE
NAME	MONGOVEN, WILLIAM J.	
STREET ADDRESS	105 S. 5TH ST	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	ST	DELETE
NAME	BUCZYNA, JOHN	
STREET ADDRESS	248 QUAKER STREET	
CITY-ST-ZIP	SUNNY HILLS FL	
TITLE	P	DELETE
NAME	BELECKAS, WITHOLD	
STREET ADDRESS	1991 AMBASSADOR CT	
CITY-ST-ZIP	SUNNY HILLS FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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

*John R. Beleckas*

*12/12/86 05-2787620*

CR2E034 (10/97)