


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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J63581** (9)
1. Corporation Name
REGIS PINES, INC.

Principal Place of Business % TERRY W. PACETTI P.O. BOX 618 ST. AUGUSTINE FL 32085	Mailing Address % TERRY W. PACETTI P.O. BOX 618 ST. AUGUSTINE FL 32085
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/25/1987

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	4. FEI Number 59-2834436 Applied For Not Applicable	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**PACETTI, TERRY W.
208 S.R. 312
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81 Name Pacetti, Terry W.
82 Street Address (P.O. Box Number is Not Acceptable) 3125 U.S. One South, Suite A
83
84 City St. Augustine, FL 85 Zip Code 32086

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	DV
NAME	PACETTI, TERRY W.	1.2 NAME	Pacetti, Terry W.
STREET ADDRESS	208 S.R. 312	1.3 STREET ADDRESS	3125 U.S. One South, Suite A
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	DP	2.1 TITLE	DP
NAME	KOONTZ, RALPH	2.2 NAME	Koontz, Ralph
STREET ADDRESS	4247 STACEY RD. EAST	2.3 STREET ADDRESS	3335 Lighthouse Point Lane
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32250
TITLE	D	3.1 TITLE	
NAME	LOVEYJOY, JOHN	3.2 NAME	
STREET ADDRESS	6408 SAN JOSE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	DT
NAME	PACE, A. RAY	4.2 NAME	Pace, A. Ray
STREET ADDRESS	9365 PHILLIPS HIGHWAY	4.3 STREET ADDRESS	8482 Old Kings Road North
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32219
TITLE	S	5.1 TITLE	S
NAME	CIMINO, FAITH	5.2 NAME	Cimino, Faith
STREET ADDRESS	208 S.R. 312	5.3 STREET ADDRESS	3125 U.S. One South, Suite A
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP	St. Augustine, FL 32086
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 as an attachment with an address.

SIGNATURE:  SIGNATURE REQUIRED

Jan 14, 1998 (909) 223232

CR2E034 (10/97)