FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
Apr 23 1997 8:00am
Secretary of State**

DOCUMENT # J94514   (3)

1. Corporation Name

PRISTINE DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
3795 41ST LANE S. BUILDING 68A ST. PETERSBURG FL 33711-3652	3795 41ST LANE S. BUILDING 68A ST. PETERSBURG FL 33711-4027

3. Date Incorporated or Qualified **09/29/1987**		**3a.** Date of Last Report **02/08/1996**
4. FEI Number **59-3033149**		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 has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes	☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt #, etc.
23 City & State	28 City & State
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GEORGE L. HAYES, III SERVICES I 696 FIRST AVE N. SUITE 303 ST. PETERSBURG FL 33701	81 Name _John R. Cappa_ 82 Street Address (P.O. Box Number is Not Acceptable) _1229 Central Ave_ 83 84 City _St. Petersburg_ FL 85 Zip Code _33705_

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 _John R. Cappa_

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE _4-15-97_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **SD** ☐ DELETE NAME **RIEL, CLAUDE** STREET ADDRESS **696 1ST AVE. N., STE 303** CITY-ST-ZIP **ST. PETERSBURG FL**		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **PD** ☐ DELETE NAME **GRILLI, MARIO** STREET ADDRESS **696 1ST AVE. N., STE 303** CITY-ST-ZIP **ST. PETERSBURG FL**		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **GRILLI, PAOLO** STREET ADDRESS **696 1ST AVE. N., STE 303** CITY-ST-ZIP **ST. PETERSBURG FL**		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: _Mario Grilli_