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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K85934** (3)

1. Corporation Name
IN THE PINES DEVELOPMENT CORPORATION, INC.

Principal Place of Business Mailing Address
13 CEDAR POINT RD SEVERNA PARK MD 21146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/05/1989** 3a. Date of Last Report **04/08/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0132606		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under S. 199 (3)? Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23 City & State		28 City & State					
24 Zip Country		29 Zip Country					
25		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ACCINELLI, ALICIA L. 1717 NORTH BAYSHORE DRIVE APT. 2138 MIAMI FL 33132				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACCINELLI, JAME	1.2 NAME	
STREET ADDRESS	13 CEDAR POINT ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEVERNA PARK MD	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACCINELLI, PATRICIA	2.2 NAME	
STREET ADDRESS	13 CEDAR POINT ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAVERNA PARK MD	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 applicable, or in an attachment with an address.

SIGNATURE: **JAIME-ACCINELLI** 4-1-95 4106473303
(Type Full and Last or Printed Name of Signing Officer or Director) (Date) (Filing Number)