FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

K85934

(3)

11.1				_
IN IHE	PINES	DEVELOPMENT	CORPORATION	INC.

13 CE	Place of Business DAR POINT RD INA PARK MD 21146	Mailing Address 13 CEDAR POINT RD SEVERNA PARK MD						
	44.59				3. Date Incorporated or Qualified 05/05/1989	3a. Date of t	Last Report 24/1995	
21 26		26	Mailing Address		4. FEI Number 65-0132606		Applied For Not Applicable	
Suite, Apt. #, etc. 22 27		27	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required	
Oity &		28	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Ζφ [24]	Country	29	7 p Country 30		This corporation has liability for intangible tax under s 199.032, Florida Statutes			
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New R	egistered Age	nt	
AC:	CINELLI, ALICIA L.							
	17 NORTH BAYSHORE DRIVE		82	Street Ac	ddress (P.O. Box Number is Not Acceptable	e)		
	Г. 2138		83					
MIA	MI FL 33132		84	City				
112.			1 1	1	poration submits this statement for the purp	FL 8	1 '	
SIGNATUF	Security, higher principality of republic dages	Cull Control Statutes	•		poration submits this statement for the purple of directors. Thereby accept the appointment of the purple of the p	3-1-9 DATE	6	
?HLE	PTD	☐ DELETE	1. 1 TITLE	·	ADDITIONS/CHANGES TO OFFI	CHS AND DIR		
NAME	ACCINELLI, JAIME		1.2 NAME			<u> </u>	ange C Addition	
STEFFET ACCURA	TO OLDINITION TO THE		1.3 STREET	ADDRESS				
001Y-S1_ZP		···	1.4 CITY - S	I - ZIP				
T ITE NAME	VSD ACCINELLI, PATRICIA	☐ DELETE	2 1 TITLE	ĺ		☐ Ch	nange	
STREET ADDRE			2.2 NAME	100000				
CHY-SI-ZIP	SAVERNA PARK MD		2 3 STREET 2 4 City - S	1				
HE		DELETE	3 1 71TLE	. 20		[] Ch	nange 🗍 Addition	
NAME			3.2 NAME			_	• 5	
STREET ACTORE	PAS		33 STREET	ADDRESS				
CLY S1-769 DDLE		☐ DELETE	3.4 City - St	I - 7IP				
NAMI		[] OLITE	4 1 TITLE 4.2 NAME	1		☐ Ch	ange [] Addition	
STREET ADDRE	.88		4.3 \$TREE1	ADDRESS				
_0(1Y+S1+7)P			4 4 CITY - \$1					
THE		☐ DELETE	5. 1 TITLE			☐ Ch	ange 🔲 Addition	
NANH			5.2 NAME					
STREET ADDRE	SS		53 STREET	ADDRESS				
COTY S - 7mg TITLE		Doctor	5 4 CITY - ST	T - ZIP			11	
NAM:		DEFELE	6 1 THILE			☐ Cha	ange [] Addition	
STREET ADDRE	ss		6.2 NAME 6.3 STREET	ADDDESS.				
CID SI ZIP			6 4 CITY-SI					
oatri; t		ration or the receiver or to istee	shed and does al report is true	not qualify	for the exemption stated in Section 119.0 rate and that my signature shall have the s his report as required by Chapter 607, Flor			

SIGNATURE:

1 A L LIE - ACC INELLI 3-1.96 40 6473363

IGNING OFFICER OR DIRECTOR

Date

Capting Price 8