

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 AUG 18 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **L03317** (9)
1. Corporation Name
PIONEER HEIGHTS, INC.

Principal Place of Business 6251 PALM VISTA ST PORT ORANGE FL 32124 US	Mailing Address % JAMES J. KEARN 138 LIVE OAK AVE DAYTONA BCH FL 32114 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/20/1989	3a. Date of Last Report 05/01/1996
				4. FEI Number 31-1276284	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	

9. Name and Address of Current Registered Agent KEARN, JAMES J. 138 LIVE OAK AVE DAYTONA BCH FL 32114		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	
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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 *James J. Kearn* 8/13/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSTICE, PAUL S.	1.2 NAME	
STREET ADDRESS	6251 PALM VISTA ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSTICE, PAUL S.	2.2 NAME	
STREET ADDRESS	6251 PALM VISTA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, BURLIN	3.2 NAME	
STREET ADDRESS	6251 PALM VISTA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESKINS, WILLIAM M.	4.2 NAME	
STREET ADDRESS	6521 PALM VISTA ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURT, JEFF	5.2 NAME	
STREET ADDRESS	6251 PALM VISTA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: *James J. Kearn* 8-13-97 (904) 760-3212

CR2E034 (4/97)

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JAMES J. KEARN
ATTORNEY AT LAW
138 LIVE OAK AVENUE
DAYTONA BEACH, FLORIDA 32114-4912

Member Florida and
Pennsylvania Bars

August 11, 1997

Telephone (904) 238-7000
Telecopier (904) 238-7325

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Attention: Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Corporate Annual Report for Pioneer Heights, Inc.

Dear Sir or Madam:

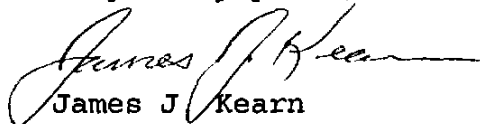
As my secretary discussed with you yesterday, as Registered Agent for Pioneer Heights, Inc., I was surprised to receive the "2nd Notice" for the Profit Corporation Annual Report, since we never received the first notice of the Corporate Annual Report for Pioneer Heights, Inc.

This further confirms that, upon calling the Annual Report Department, my secretary was informed that Pioneer Heights, Inc., simply needs to send this report with a check for the initial fee of \$165.00.

Therefore, please find enclosed the duly completed, Annual Corporate Report for Pioneer Heights, Inc., along with my check #~~4578~~ in the amount of \$165.00 to cover and fully pay for the annual filing fee.

Thank you for your assistance.

Very truly yours,


James J. Kearn

JJK/dh
Enclosure

cc: Mr. Paul S. Justice
Pioneer Heights, Inc.