

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L16953 (6)

1. Corporation Name

PIONEER SURVEYORS, INC.



Principal Place of Business

Mailing Address

6600 TAFT ST  
#312  
HOLLYWOOD FL 33024  
US

6600 TAFT ST  
#312  
HOLLYWOOD FL 33024  
US

3. Date Incorporated or Qualified  
09/20/1989

3a. Date of Last Report  
03/07/1995

2. Principal Place of Business  
21 7748 Taft Street

2a. Mailing Address  
26 Same

4. FEI Number  
65-0149612

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
23 City & State  
Pembroke Pines FL

27 Suite, Apt. #, etc.  
28 City & State

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

24 Zip  
33024

29 Zip  
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BORNSTEIN, STEVEN L.  
9900 STIRLING RD.  
6151 MIRAMAR PKWY  
COOPER CITY FL 33024

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	JOHNSTON, LOUIE P.	10319 GREENHOUSE ROAD	PEMBROKE PINES FL	<input type="checkbox"/>
STD	JOHNSTON, SHARON S.	10319 GREENHOUSE ROAD	PEMBROKE PINES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
		9821 NW 22 St.	33024	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		9821 NW 22 St.	33024	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(3)(A), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon S. Johnston

7/6/96 (954) 962-9334

CR2E034 (3/96)