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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L72532

PIONEER REALTY OF BROWARD, INC.											
Principal Place	e of Business	Mail	ing Address				1				• • • • • • • • • • • • • • • • • • • •
1200 WESTON RD 1200 WESTON RD								•	•	_	
2ND FLOOR 2ND FLOOR ET LAUDEDDALE EL 22226								DO NOT W	RITE IN THIS	SPACE	
FT LAUDERDALE FL 33326 FT LAUDERDALE FL 33326 US US					3 [Date Incorporated or Qualife	· · · · · · · · · · · · · · · · · · ·				
00		•••						05/14/1990			}
2 Principal Pi	lace of Business	2a. N	Mailing Address					El Number		A	pplied For
<u> </u>	iddo di Baamaa	26	.g					65-018631.1		· No	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				-			\$8.75	Additional
22		27					5.	Certifcate of Status Desired		Fee R	equired
City & State	e		City & State				6. E	Election Campaign Financin	g 🗀	\$5.00	May Be
23		28						Trust Fund Contribution	 -		to Fees
Zip	Country	Z	Zip	Cou	ntry		1	This corporation owes the cu	urrent year In		
24	25	29		30				Personal Property Tax.		□Yes	ØNo
	9. Name and Address of Curre	ent Registe	ered Agent		81	Mana	10.	Name and Address of Nev	v Kegisterea	Agent	
CML	TH, DIANE A.					Name		•			
	WESTON RD.				82 :	Street Addre	ess (P.0	D. Box Number is Not Acce	ptable).	-	
	FLOOR				83			<u></u>		·	
	STON FL 33326				03						
1720	31011 1 E 300E0				84	City			FL	85 Zip	Code
		500 100	- 4500 St. (1. St.)	4 46			auatian	aubmits this statement for th			s registered
l office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat	te of Horida	. Such change was	autnonzed	ı by t⊓⊲	e corporation	on's boa	ard of directors. I hereby acc	cept the appo	intment as re	egistered
agent. I a	im familiar with, and accept the oblig	gations of, S	Section 607.0505, FI	orida Stati	utes.						
											1
SIGNATURE	Clarature hand as printed game of conictored as	gent and title if a	opplicable (NOT	F: Registered	Agent si	ignature required	d when rei	nstating)	DATE	 -	
	Signature, typed or printed name of registered at			_ <u> </u>	Agent si	ignature required			DATE OFFICERS AT	ND DIRECTO	ORS IN 12
12.	OFFICERS A			E: Registered 13.		ignature required		nstating) DDITIONS/CHANGES TO C		ND DIRECTO	DRS IN 12
12.	OFFICERS A		TORS	13.	TLE	ignature required					
12. TITLE NAME	OFFICERS A D SMITH, DIANE AUNAPU		TORS	13. 1.1 TD 1.2 NA	TLE						
12. TITLE NAME STREET ADDRESS	OFFICERS A D SMITH, DIANE AUNAPU 2720 WALKERS WAY		TORS	13. 1.1 TD 1.2 NA 1.3 ST	TLE	DDRESS					
12. TITLE NAME	OFFICERS A D SMITH, DIANE AUNAPU 2720 WALKERS WAY	AND DIREC	TORS	13. 1.1 TD 1.2 NA 1.3 ST	TLE AME REET AL TY-ST-Z	DDRESS					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D SMITH, DIANE AUNAPU 2720 WALKERS WAY	AND DIREC	TORS DELETE	13. 1.1 TO 1.2 NA 1.3 ST 1.4 CO	TLE AME REET AL TY-ST-Z	DDRESS				Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A D SMITH, DIANE AUNAPU 2720 WALKERS WAY FT LAUDERDALE FL 3	AND DIREC	TORS DELETE	13. 1.1 TO 1.2 NA 1.3 ST 1.4 CF 2.1 TO 2.2 NA	TLE AME REET AL TY-ST-Z TLE AME	DDRESS				Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A D SMITH, DIANE AUNAPU 2720 WALKERS WAY FT LAUDERDALE FL 3	AND DIREC	TORS DELETE	13. 1.1 TD 1.2 NA 1.3 ST 1.4 CD 2.1 TD 2.2 NA 2.3 ST	TLE AME REET AL TY-ST-Z TLE AME	DDRESS ZIP				☐ Change	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A D SMITH, DIANE AUNAPU 2720 WALKERS WAY FT LAUDERDALE FL 3	AND DIREC	TORS DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA 3.3 ST	TLE TREET AL TY-ST-Z TLE AME TREET AL TTY-ST-Z TLE AME	DDRESS ZIP DDRESS ZIP DDRESS				☐ Change ☐ Change ☐ Change	Addition Addition
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14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: