FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N23819** **(8)**

1. Corporation Name

PINEAPPLE GROVE SUPPORT GROUP, INC.

Principal Place of Business	Mailing Address
102 NORTH SWINTON AVENUE DELRAY BEACH FL 33444	102 NORTH SWINTON AVENUE DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/10/1987**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **65-0030086** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEINER, MICHAEL S
C/O MICHAEL S. WEINER & ASSOCS., P.A.
102 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444

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

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 _____ DATE
(Signature required if 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	D	11 TITLE	☐ Change ☐ Addition
NAME	SIEGEL, ANITA	12 NAME	
STREET ADDRESS	201 N E 1ST AVE	13 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HOLBROOK, KIM	22 NAME	
STREET ADDRESS	7 SE 5TH AVE	23 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DIAZ, FRED	32 NAME	
STREET ADDRESS	72 S E 6TH AVE	33 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	34 CITY ST ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	WEINER, MICHAEL S	42 NAME	
STREET ADDRESS	102 N SWINTON AVE	43 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	44 CITY ST ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	KLAREN, SHARON	52 NAME	
STREET ADDRESS	504 EAST ATLANTIC AVE	53 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	54 CITY ST ZIP	
TITLE	ST	61 TITLE	☐ Change ☐ Addition
NAME	TOMPKINS, RANDI S	62 NAME	
STREET ADDRESS	102 NORTH SWINTON AVE	63 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	64 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above/below, or on an attachment with an address.

SIGNATURE: Michael S. Weiner, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95
Date

(407) 265-2666
Daytime Phone #

0012457