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95 MAR -1 PM 2: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N27740 (2)

1. Corporation Name
THE PIERRE ASSOCIATION, INC.

Principal Place of Business 455 LONGBOAT CLUB RD. LONGBOAT KEY FL 34228 US	Mailing Address 455 LONGBOAT CLUB RD. LONGBOAT KEY FL 34228 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/03/1988	3a. Date of Last Report 02/17/1994
4. FEI Number 65-0215888	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**MOORE, ROBERT L
544 BAY ISLES RD.
LONGBOAT KEY FL 34228**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REED, STUART
STREET ADDRESS	455 LONGBOAT CLUB RD., #604
CITY- ST- ZIP	LONGBOAT KEY FL 34228
TITLE	VD D
NAME	FRIDL, RICHARD
STREET ADDRESS	455 LONGBOAT CLUB RD., #808
CITY- ST- ZIP	LONGBOAT KEY FL 34228
TITLE	D
NAME	PETERS, ANTHONY J.
STREET ADDRESS	455 LONGBOAT CLUB RD., PH-A
CITY- ST- ZIP	LONGBOAT KEY FL
TITLE	D
NAME	DANTO, MARVIN
STREET ADDRESS	455 LONGBOAT CLUB RD., #P504
CITY- ST- ZIP	LONGBOAT KEY FL 34228
TITLE	D
NAME	FERGUSON, MARVIN
STREET ADDRESS	455 LONGBOAT CLUB RD., #PH-3
CITY- ST- ZIP	LONGBOAT KEY FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VD
1.3 STREET ADDRESS	Terence Redmond
1.4 CITY- ST- ZIP	455 Longboat Club Rd. #801
2.1 TITLE	Longboat Key, FL 34228 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(k), 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 (changed, or on an attachment with an address.

SIGNATURE: Stuart M. Reed 2-21-95 813-383-8345