

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90094 039 \*\*\*150.00

DOCUMENT # P92000013257

1. Corporation Name

B. G. PINE ISLAND CORP.

Principal Place of Business

16001 PINES BLVD  
PEMBROKE PINES FL 33028  
US

Mailing Address

20801 BISCAYNE BLVD.  
SUITE 505  
AVENTURA FL 33180  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1992

4. FEI Number

65-0403069

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address C/O

Charles D. Brecker, Esq.

KATZ BARRON, et al.

Suite, Apt. #, etc.

100 N.E. 3rd Ave., #280

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

9. Name and Address of Current Registered Agent

BRECKER, CHARLES D.-----  
FROMBERG, FROMBERG, BRECKER, ET AL-  
20801 BISCAYNE BLVD, STE 505-----  
AVENTURA FL 33180-----

10. Name and Address of New Registered Agent

81 Name CORPCO, INC.

82 Street Address (P.O. Box Number is Not Acceptable)  
2699 South Bayshore Drive, 7th Fl.

83

84 City Miami

FL

85 Zip Code  
33301

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 *Marc I. Faust, Vice President*

Marc I. Faust, Vice President

4/26/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required which refiled)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME GLASSMAN, LARRY D  
STREET ADDRESS 16001 PINES BLVD.  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE D ☐ DELETE  
NAME GLASSMAN, STEVEN M  
STREET ADDRESS 16001 PINES BLVD.  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE: *POY J. GONZALEZ*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99

(954) 435-5008

CR2E034 (11/98)