FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:54

DOCUMENT # **P93000044835 (5)**

1. Corporation Name
PINEVIEW CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1190 LAKE MARY BLVD. LAKE MARY FL 32746	P O BOX 951139 LAKE MARY FL 32795 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1993	3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-3188902	☐ 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 has liability for intangible tax under S. 199.072, Florida Statutes ☐ Yes ☐ 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

HERSHONE, BARRY P
1190 LAKE MARY BLVD.
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name: Hershone, Sherrie
82 Street Address (P.O. Box Number is Not Acceptable): 1190 W. Lake Mary Blvd.
83
84 City: Sanford **FL** 85 Zip Code: 32746

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 X _____ Sherrie Hershone, Sec./Treas. 1/12/95
(Signature, title or printed name of registered agent, if this is a change) (NOTE: Registered Agent's signature required where applicable.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	11 TITLE	☐ Change ☐ Addition
NAME	HERSHONE SHERRIE	12 NAME	
STREET ADDRESS	2325 ROANOKE CT	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	MAZCURI RIAZ	22 NAME	
STREET ADDRESS	1854 LONG POND D	23 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	24 CITY ST ZIP	
TITLE	DP	31 TITLE	☐ Change ☐ Addition
NAME	HERSHONE, BARRY P	32 NAME	
STREET ADDRESS	2325 ROANOKE CT	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ 1/12/95 (407) 321-3037
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR (Date) (Telephone Number)

Sherrie Hershone

0416606 FP