

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000072817 (8)

1. Corporation Name
PINEAPPLE HILL, INC.

Principal Place of Business
C/O 2081 E. OCEAN BLVD.
SUITE 2-A
STUART FL 34996

Mailing Address
254 NE ELM TERR.
JENSEN BCH. FL 34957
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 3283 NE Skyline Dr.		10/15/1993	
22 City & State		27 Jensen Bch., FL		4. FEI Number	
23 Zip		28 34957		65-0441185	
24 Country		29 USA		5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SMITH, VIVACA 254 NE ELM TERRACE JENSEN BEACH FL 34957		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3283 NE Skyline Dr. 83 84 City Jensen Bch FL 85 Zip Code 34957	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change Addition
NAME	SMITH, DOUGLAS F.	1.2 NAME	
STREET ADDRESS	254 NE ELM TERR.	1.3 STREET ADDRESS	3283 NE Skyline Dr.
CITY-ST-ZIP	JENSEN BCH. FL	1.4 CITY-ST-ZIP	Jensen Bch., FL 34957
TITLE		2.1 TITLE	Change Addition
NAME	SMITH, VIVACA	2.2 NAME	
STREET ADDRESS	254 NE ELM TERRACE	2.3 STREET ADDRESS	3283 NE Skyline Dr.
CITY-ST-ZIP	JENSEN BEACH FL	2.4 CITY-ST-ZIP	Jensen Bch., FL 34957
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Vivaca Smith

4-898

561-331-4303

CR2E034 (10/97)