

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000081978 (7)

1. Corporation Name

NEW PINE GLEN, INC.

Principal Place of Business

630 SOUTH STATE RD. 7
MARGATE FL 33068

Mailing Address

630 SOUTH STATE RD. 7
MARGATE FL 33068

APPROVED
AND
FILED

95 APR 17 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 5171 GLENLOVE LN.		26 11865 ROYAL PALM BLVD.		11/30/1993	04/29/1994
22 Suite, Apt. #, etc.		27 APT. # 104		4. FEI Number	Applied For
23 City & State		28 City & State		65-0451647	Not Applicable
24 33415		29 33065		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25 U.S.		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		27		8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DENNIS STEWART ESQ. 630 S. STATE ROAD 7 MARGATE FL 33068				81 Name	GARY D. POSNER		
				82 Street Address (P.O. Box Number is Not Acceptable)	11865 ROYAL PALM BLVD.		
				83	APT. 104		
				84 City	FL	85 Zip Code	33065

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: Gary D. Posner President DATE: 4/10/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS STEWART	12 NAME	GARY D. POSNER
STREET ADDRESS	630 S. STATE ROAD 7	13 STREET ADDRESS	11865 ROYAL PALM BLVD. APT 104
CITY - ST - ZIP	MARGATE FL 33068	14 CITY - ST - ZIP	CORAL SPRINGS, FL. 33065
TITLE		21 TITLE	S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	EILEEN POSNER
STREET ADDRESS		23 STREET ADDRESS	11865 ROYAL PALM BLVD. APT 104
CITY - ST - ZIP		24 CITY - ST - ZIP	CORAL SPRINGS, FL. 33065
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(1)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: Gary D. Posner Pres. DATE: 4/10/95 305 246-0450