

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000081978 (7)

1. Corporation Name
NEW PINE GLEN, INC.



Principal Place of Business

5137 PINE ABBEY DR SOUTH
WEST PALM BEACH FL 33415
US

Mailing Address

11865 ROYAL PALM BLVD
APT. 104
CORAL SPRINGS FL 33065
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1400 E. HILLSBOLO BLVD

Suite, Apt. #, etc.

22 #100

City & State

23 DEERFIELD BEACH FL

Zip

24 33441

Country

25 USA

2a. Mailing Address

26 1400 E. HILLSBOLO BLVD

Suite, Apt. #, etc.

27 #100

City & State

28 DEERFIELD BEACH FL

Zip

29 33441

Country

30 USA

3. Date Incorporated or Qualified

11/30/1993

4. FEI Number

65-0451647

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

POSNER, GARY D.
11865 ROYAL PALM BLVD
APT. 104
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

GARY POSNER

82 Street Address (P.O. Box Number is Not Acceptable)

21205 N.E. 34th AVE APT 906

83

84 City

AVENTURA

FL

85 Zip Code

33180

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, or name of the agent and the corporation)

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVP
NAME POSNER, RONALD
STREET ADDRESS 1049 BOCA COVE LN
CITY-ST-ZIP HIGHLAND BCH FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres. Director.
1.2 NAME GARY POSNER
1.3 STREET ADDRESS 21205 N.E. 34th AVE APT 906
1.4 CITY-ST-ZIP AVENTURA FL 33180

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

4-24-98

5045747015

CR2E034 (10/97)