

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 Country 24 33441 USA	2a. Mailing Address 26 1400 E. HILLSBOLO BLVD Suite, Apt. #, etc. 27 # 100 City & State 28 DEERFIELD BEACH FL Zip Country 29 33441 USA
------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified 11/30/1993	4. FEI Number 65-0451647	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
 B1 Name
GARY POSNER
 B2 Street Address (P.O. Box Number is Not Acceptable)
21205 N.E. 34th AVE APT 906
 B3
 B4 City
AVENTURA FL B5 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PVP	<input checked="" type="checkbox"/> DELETE
NAME	POSNER, RONALD	
STREET ADDRESS	1049 BOCA COVE LN	
CITY-ST-ZIP	HIGHLAND BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres. Director.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GARY POSNER	
1.3 STREET ADDRESS	21205 N.E. 34th AVE APT 906	
1.4 CITY-ST-ZIP	AVENTURA FL 33180	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

4092

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 _____ DATE 4-29-98

CR2E034 (10/97)