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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000087910 (4) DOCUMENT #

PIER B DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
245 FRONT STREET STE 102	P O BOX 4727 Portsmouth NH 03802
KEY WEST FL 33040	US

FILED May 01 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			
245 FRONT S	TREET	P O BOX 4727			
STE 102	66846	PORTSMOUTH NH 03802			
KEY WEST FI	. 33040	US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 Ovincinal D	lace of Business	Co. Navigna Andrews		12/27/1993	
·	lace of Business	2a. Mailing Address	Ket St	4. FEI Number Applied For	
		MC1 31	65-0478846 Not Applicable		
Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
22			Fee Required		
		28 Portsmouth NH		6. Election Campaign Financing \$5.00 May Be	
Zip	Country	28 TOTISTY OU	<u> </u>	Trust Fund Contribution	
—	<u>├</u>	Zp 2801 =	Country	8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Curren	29 U 5 8 U 31	<u> </u>	Personal Property Tax due June 30	
CO	RPORATION INFORMATION SER	· · · · · · · · · · · · · · · · · · · 	81 Name		
		IVICES INC.	TOT MAINE		
1201 HAYS STREET TALLAHASSEE FL 32301			82 Street Address (P.O. Box Number is Not Acceptable)		
IAL	LANASSEE PE 32301		00	,	
			83		
			84 City	■■ 85 Zip Code	
44 -				FL `	
11. Pursuant i	to the provisions of Sections 607,050; egistered agent, or both, in the State	2 and 607.1508, Florida Statutes, of Florida, Such change was aut	the above-name	d 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 age			re required whon reinstating) DATE.	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WALSH, MARK	☐ DELETE	1.1 TITLE	Change Addition	
NAME	1100 LINTON BLVD STE C9		1.2 NAME		
STREET ADDRESS	DELRAY BEACH FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	VI DEAUTIFE	Deleve	1.4 CITY-ST-ZIP		
TITLE	WALSH, MICHAEL	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	1100 LINTON BLVD STE C9		2.2 NAME		
STREET ADDRESS		i	2.3 STREET ADDRESS	i i	
CITY-ST-ZIP	DELRAY BEACH MF		2. 4 CITY-ST-ZIP		
TITLE	V	☐ DELET E	3.1 TITLE	Change Addition	
NAME	WALSH, WILLIAM		3.2 NAME	Walsh, William	
STREET ADDRESS	ONE CATE ST,STE 3		3.3 STREET ADDRESS	1000 Warket St. Blag	
CITY-ST-ZIP	PORTSMOUTH NH		3.4. CITY - ST - ZIP	Walsh, William 1000 Market St. Bldg 1 Portsmouth NH 03801	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME	MCMURRAIN, THOMAS T		4. 2 NAME		
STREET ADDRESS	1100 LINTON BLVD STE C9		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZiP		
TITLE	S CONTRACTOR DIGITIES II	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME	CRITCHFIELD, RICHARD H		5.2 NAME		
STREET ADDRESS	1100 LINTON BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY - ST - ZIP		
TITLE		☐ DEŁETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
44 14 1					

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 attachmost path an address.

2/17/90