

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000003418 (8)

1. Corporation Name

PRISTINE REAL ESTATE DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

~~P.O. BOX 1608~~
TARPON SPRINGS FL 34688-1608

P.O. BOX 1608
TARPON SPRINGS FL 34688-1608

3. Date Incorporated or Qualified
01/13/1994

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 43309 U.S. HWY. 19 N

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 34689 25 Country

29 Zip 30 Country

4. FEI Number
59-3224997

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEDLAND, LEW
43309 US HIGHWAY 19 NORTH
TARPON SPRINGS FL 34689

81 Name

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

83

84 City

FL

85 Zip Code

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 below of the person signing this report as agent)

(If both Registered Agent signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GILLS, JAMES P	
STREET ADDRESS	P.O. BOX 1608 - N/A	
CITY - ST - ZIP	TARPON SPRINGS FL 34688-1608	
TITLE	DP	☐ DELETE
NAME	FRIEDLAND, LEW	
STREET ADDRESS	P.O. BOX 1608 - N/A	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE	DVST	☐ DELETE
NAME	SALING, GARY	
STREET ADDRESS	P.O. BOX 1608 - N/A	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	43309 U.S. HWY 19 N
1.4 CITY - ST - ZIP	34689
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	43309 U.S. HWY 19 N
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	43309 U.S. HWY 19 N
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to an 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, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEW FRIEDLAND

1-19-96

813-942-2591

Date

Office Phone

CR2E034 (12/95)