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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P94000051566 (5)

1. Corporation Name
NEW PINELLAS PINEBROOK, INC.

Principal Place of Business	Mailing Address
C/O GARCIA ENTERPRISES 7243 BRYAN DAIRY RD LARGO FL 34647 US	C/O GARCIA ENTERPRISES 7243 BRYAN DAIRY RD LARGO FL 33777-1538 US

3. Date Incorporated or Qualified: 07/12/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21	26 15950 Bay Vista Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27 250
City & State 23	City & State 28 Clearwater, FL
Zip 24 Country 25	Zip 29 34620 Country 30 US

4. FEI Number: 59-3261723 ☐ 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

GARCIA, MARTIN L.
101 E KENNEDY BLVD
7243 BRYAN DAIRY RD.
LARGO FL 34647

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 15950 Bay Vista Drive
83 Suite 250
84 City Clearwater FL 85 Zip Code 34620

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] 3/7/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	GARCIA, MANUEL	
STREET ADDRESS	4933 NEW PROVIDENCE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPS	☐ DELETE
NAME	GARCIA, MARTIN L	
STREET ADDRESS	1613 S CULBREATH ISLES	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	☐ DELETE
NAME	GARCIA, MARSHALL J	
STREET ADDRESS	16011 AMBERLY	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPT	☐ DELETE
NAME	HAAG, MYRNA G	
STREET ADDRESS	413 ROYAL PALM	
CITY-ST-ZIP	TAMPA 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		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
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		

CR2E034 (9/96)

14. I do 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: [signature] MANUEL GARCIA 3/7/97 813 535 0772