

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 # **P94000064778 (1)**

1. Corporation Name

PINE VIEW REALTY, INC.



Principal Place of Business

**6633 GULF OF MEXICO DR
LONGBOAT KEY FL 34228**

Mailing Address

**6633 GULF OF MEXICO DR
LONGBOAT KEY FL 34228**

2. Principal Place of Business

21 **5370 Gulf of Mexico Dr**

22 Suite, Apt. #, etc. **205**

23 City & State

Longboat Key, FLA

24 Zip **34228**

25 Country **USA**

2a. Mailing Address

26 **5370 Gulf of Mexico Dr.**

27 Suite, Apt. #, etc. **205**

28 City & State

Longboat Key FLA

29 Zip **34228**

30 Country **USA**

3. Date Incorporated or Qualified

09/01/1994

3a. Date of Last Report

03/29/1995

4. FEI Number

65-0517730

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

**SILBERSTEIN, DAVID M
720 S ORANGE AVE
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

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 607.0532 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0535, Florida Statutes.

SIGNATURE

Signature of person authorized to file this report with the Secretary of State

Signature of person authorized to prepare this report

Date

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **FERRO, MICHAEL**
STREET ADDRESS **6633 GULF OF MEXICO DR**
CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **VP** ☐ DELETE
NAME **FERRO, DEBBIE**
STREET ADDRESS **6633 GULF OF MEXICO DR**
CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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, with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL FERRO

Pnes

Pnes

6/5/96

6/5/96

CS 7/17/96

7/17/96

CR2E034 (12/95)