

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT -
1996



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

DOCUMENT # **P94000068390 (1)**

1. Corporation Name

PIPELINER CORPORATION OF BROWARD

Principal Place of Business

Mailing Address

**9871 WATERMILL CIRCLE
SUITE C
BOYNTON BEACH FL 33437**

**9871 WATERMILL CIRCLE
SUITE C
BOYNTON BEACH FL 33437**

FILED

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SECRETARY OF STATE

REINSTATEMENT

3. Date Incorporated or Qualified

08/16/1994

34. Date of Last Report

08/25/1995

2. Principal Place of Business

2a. Mailing Address

21 6574 N State Rd. 7

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite # 266

27

City & State

City & State

23 Coconut Creek, FL

28

Zip

Country

Zip

Country

24 33073

25 Broward

29

30

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

**CHERNAY, GARY A
712 U.S. HWY. ONE
NORTH PALM BEACH FL 33408**

81 Name William V. Soltan

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

6574 N. State Rd. 7

83 Suite # 266

84 City Coconut Creek

FL

86 Zip Code 33073

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
NAME SOLTAN, WILLIAM V
STREET ADDRESS 9871 WINDMILL CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33437**

TITLE ☒ DELETE

**VTS
NAME ROGER, JOHN E
STREET ADDRESS 6861 S.W. 5TH STREET
CITY-ST-ZIP MARGATE FL 33068**

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 its receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 and is not changed or on attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-96 (954) 570-4086

Date

Daytime Phone #

CR2E034 (3/96)