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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

P94000069239 (9) DOCUMENT #

PINEWOOD INVESTMENT CORP.

Principal Place of Business	Mailing Address
1617 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407	P.O. BOX 33209 Palm Beach Gardens FL 33420-3209 US

FILED Apr 07 1997 8:00am Secretary of State



City & State City & Country Zip Country Zip Country City & City & City & City City City & City City & City City & City Ci	
Suite, Apt. #, ctc Suite, Apt. #, etc. Suite, Apt. #, etc.	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Site,	Applied For
City & State Ci	Not Applicable
22 26 29 20 20 20 20 20 30 50 50 50 50 50 50 5	5 Additional Required
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PEARLMAN NEASE, MARIAN S3S5 TOWN CENTER ROAD SUITE 801 BOCA RATON FL 33488 82 Street Address (P.O. Box Number is Not Acceptable) 83 STREET ADDRESS OTH ST. PP PALM BEACH GARDENS FL 33 ¥ 2 o DELETE 11. Fure pant to the provisions of Sections 807.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of change of ording or registered agent, or both in the State of Hunda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of the appointment of the appointment of the purpose of the appointment of the a	00 May Be led to Fees
PEARLMAN NEASE, MARIAN \$355 TOWN CENTER ROAD SUITE 801 BOCA RATON FL 33486 83 84 City FL 85 65 City represented agonal, or book, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing office on registered agonal, or book, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of changing office or registered agonal production of Section 607.0505, Florida Statules. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE PD ROTHPLETZ, ROLAND PO DELETE 11 TITLE ROTHPLETZ, ROLAND PO DELETE 12 LANAWE SIRRET ADDRESS CITY ST-2P ITHE MAME SIRRET ADDRESS CITY ST-2P ITHE DELETE 13 TITLE CITY ST-2P TITLE DELETE 4 TITLE CITY ST-2P TITLE DELETE 5 TITLE CITY ST-2P TITLE STREET ADDRESS ALOTY ST-2P STREET	∍r s. 199.03 2,
SITE PLANT NEADER, MATURE SUITE 801 BOCA RATON FL 33488 82 Street Address (P.O. Box Number is Not Acceptable) 83	
SUITE 801 BOCA RATON FL 33488 83 84 City FL 85 11. Purcuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Summare: Ligit do present name of registered agent and shift appreciates. (NOTE Registered Agent spharture required when remarkship) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS THE PO STATE TOWN TOWN THE STATE	
### City ####################################	
11. Furcularit to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 appointmen agent it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Support to type the corporation's board of directors. I hereby accept the appointmen agent it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Support to type the corporation's board of directors. I hereby accept the appointmen agent it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SUBMATURE SUBMATURE PD ANAME SIREET ADORESS CITY. SI-7/P TITLE NAME SIREET ADORESS SIREET ADORESS CITY. SI-7/P TITLE NAME SIREET ADORESS SIREET ADORESS CITY. SI-7/P TITLE NAME SIREET ADORESS SIREET ADORESS SIREET ADORESS CITY. SI-7/P TITLE NAME SIREET ADORESS SIREET	
agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 TITLE ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 3.1 TITLE Char NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE Char NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE Char NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE Char NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE Char NAME STREET ADDRESS 5.3 STREET ADDRESS	Zip Code
Signature typical or pented trainer of registered agent and shieft appricates (NOTE: Replatered Appint signature required when namestating) DATE	ig its registered as registered
Signature typical or pented trainer of registered agent and shieft appricates (NOTE: Replatered Appint signature required when namestating) DATE	
TITLE	
ROTHPLETZ, ROLAND P.O. BOX 33209 PALM BEACH GARDENS FL 33 \$ \$ 0 THE NAME SHRET ADDRESS CHY-ST-ZIP THE MAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	
STREET ADDRESS	de Savontinii
TITLE	
DELETE	
NAME	ge Addition
STREET ADDRESS 23 STREET ADDRESS 2 4 CITY - ST - ZIP	Se FT Voquipu
CITY-ST-ZIP	
TITLE	
NAME	ae Addition
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ge EJ Abbillon
CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE Char NAME 4.2 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-ZiP TITLE DELETE 5.1 TITLE Char NAME 5.2 NAME 5.3 STREET ADDRESS	
NAME	nge 🗌 Addition
STREET ADDRESS 43 STREET ADDRESS 44 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Chair C	go radicion
CITY - ST - 70°	
TITLE DELETE 5.1 TITLE CHAIL NAME STREET ADDRESS 5.2 NAME 5.3 STREET ADDRESS	
NAME STREEL ADDRESS 5.2 NAME 5.3 STREET ADDRESS	ige Addition
STREET ADDRESS 5.3 STREET ADDRESS	y Lucinon
CITY - ST - 71P	nge Addition
	Ale THE MODITION
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-SI-ZIP 64 CITY-SI-ZIP 64 CITY-SI-ZIP 16 A CITY-SI-ZIP 17 A back a splift that the information cumplied with this filling does not qualify for the examption stated in Section 119 07/20/0 Florida Statutes further cartify	

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 exportation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if clyinged, or on an attachment with an address.

SIGNATURE:

ROTHELETZ R.