

**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.)**

**APPROVED  
AND  
FILED**

1996 SEP -6 PM 12: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morhart  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P94000084206 (9)  
 1. Corporation Name  
**PINEAPPLE PLACE VERANDA, INC.**

Principal Place of Business Mailing Address  
**121 NORTH JAMES AVENUE ORLANDO FL 32801**

3. Date Incorporated or Qualified **11/14/1994** 3a. Date of Last Report **11/20/1995**  
 4. FEI Number ~~58-1150997~~ Applied For  Not Applicable   
**APPLIED FOR 24-3280950** \$8.75 Additional Fee Required  
 5. Certificate of Status Desired  \$5.00 May Be Added to Fees  
 6. Election Campaign Financing Trust Fund Contribution   
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business *Summerlin*  
 21 **115 NORTH JAMES AVE** 2a. Mailing Address  
 Suite, Apt #, etc. Suite, Apt #, etc.  
 22 **ORLANDO FL** 27 City & State  
 23 **ORLANDO FL** 28 City & State  
 Zip Country Zip Country  
 24 **32801** 25 **USA** 29 30

9. Name and Address of Current Registered Agent  
**FOOTE, DAVID H**  
**121 NORTH JAMES AVENUE**  
**ORLANDO FL 32801**

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 607.0502 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 name of registered agent and, for applicable, (FID) Registered Agent signature required when reinstating. (Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FOOTE, DAVID H</b>	
STREET ADDRESS	<b>121 NORTH JAMES AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NORRIS, STEVEN L</b>	
STREET ADDRESS	<b>115 NORTH SUMMERLIN AVE.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COLBY, THOMAS B</b>	
STREET ADDRESS	<b>115 NORTH SUMMERLIN AVE.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

100001950931  
 -09/19/96--01001--010  
 \*\*\*\*225.00 \*\*\*\*225.00

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 199.032, 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 be 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 199, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *David H. Foote*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **7/20/96** 407 9393

CR2E034 (3/96)