

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL 30 PM 2:22

DOCUMENT # P94000084206 (9)

1. Corporation Name
PINEAPPLE PLACE VERANDA, INC.



Principal Place of Business

Mailing Address

115 NORTH NORTH SUMMERLIN AVE.
ORLANDO FL 32801

115 NORTH NORTH SUMMERLIN AVE.
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 115 NORTH SUMMERLIN AVE.

26 121 NORTH JAMES AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 ORLANDO, FLORIDA

28 ORLANDO, FLORIDA

24 Zip

25 Country

29 Zip

30 Country

32801

USA

32801

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOOTE, DAVID H
121 NORTH JAMES AVENUE
ORLANDO FL 32801

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FOOTE, DAVID H
121 NORTH JAMES AVENUE
ORLANDO FL 32801

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DVST
FOOTE, DAVID H.
121 NORTH JAMES AVENUE
ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NORRIS, STEVEN L
115 NORTH SUMMERLIN AVE.
ORLANDO FL 32801

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
400002259744-3
-08/06/97--01095--019
****165.00 ****165.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COLBY, THOMAS B
115 NORTH SUMMERLIN AVE.
ORLANDO FL 32801

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
DP
COLBY, T. BLAIR
115 NORTH SUMMERLIN AVENUE
ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
DELETED

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 REQUIRED

7/28 /97 (407) 425-9393

CR2E034 (4/97)

KWM