## 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



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 # P9400084206 (9)
PINEADDI E DI ACE VERANDA INC

| PINCAPP  | LE PLAU   | E VENANDA, ING.  |                                   |  |  |                            |                    |                    |  |                         |                            |                             |  |
|--|---|--|-----------------------------------|--|--|----------------------------|--------------------|--------------------|--|-------------------------|----------------------------|-----------------------------|--|
| Principal Plac   | e of Busines                                    | is   | Mi                                | Mailing Address  |  |                            |                    |                    |  | 10101 IVIII O           |                            | . BAIH LLLI                 |  |
| 445-NORTH NORTH-BUMMERLI AVE:                              |   |  |                                   | 415 NORTH NORTH SUMMERLE AVE:                                    |  |                            |                    |                    |  |                         |                            |                             |  |
| ORLANDO FL-02001   |   |  |                                   | ORLANDO FL 02001-  |  |                            |                    |                    |  |                         |                            |                             |  |
|  |   |  |                                   |  |  |                            |                    |                    | DO NOT WRITE IN THIS SPACE   |                         |                            |                             |  |
|  |   |  |                                   |  |  |                            |                    |                    | 3. Date Incorporated or Qualified  |                         | ate of Last R              | eport                       |  |
| O Data aire at D   | lana al Diret                                   |  | - 100                             | Adallina Address   |  |                            |                    |                    | 11/14/1994<br>4. FEI Number  | <u>  09/0</u>           | 6/1996                     |                             |  |
| 2. Principal Place of Business 21 115 NORTH SUMMERLIN AVE. |   |  |                                   | 2a. Mailing Address  |  |                            |                    |                    | =  |                         | <del></del>                | oplied For                  |  |
| Suite, Apt. #, etc.  |   |  |                                   | 26 121 NORTH JAMES AVENUE Suite, Apt. #, etc.                    |  |                            |                    |                    | 59-3280950   |                         |                            | ot Applicable Additional    |  |
| 22   |   |  |                                   | 27   |  |                            |                    |                    | 5. Certificate of Status Desired   |                         | •                          | Additional<br>equired       |  |
| City & State   |   |  |                                   | City & State   |  |                            |                    |                    | 6. Election Campaign Financing   |                         |                            | May Be                      |  |
| 23 ORLANDO, FLORIDA  |   |  |                                   | 28 ORLANDO, FLORIDA  |  |                            |                    |                    | Trust Fund Contribution  |                         |                            | May Be<br>to Fees           |  |
| Zip Country  |   |  | 1-41                              | Zip Country  |  |                            |                    |                    | 8. This corporation owes or has pai  | d the cur               |                            |                             |  |
| 24 32801   |   | 25 USA   | 29                                | 32801  | 30                                       | USA                        | L                  |                    | Personal Property Tax due June   | _                       |                            | No                          |  |
|  | 9. Name   | and Address of Currer  | nt Regis                          |  |  | Ĭ                          |                    |                    | 10. Name and Address of New Re-  | istered i               | Agent                      | -                           |  |
| F00  | TE, DAVID                                       | Н  |                                   |  |  | 81                         | Name               |                    |  |                         |                            |                             |  |
| 121 NORTH JAMES AVENUE                                     |   |  |                                   |  |  | 82                         | Stroot             | Addra              | Address (P.O. Box Number is Not Acceptable)  |                         |                            |                             |  |
| ORLANDO FL 32801   |   |  |                                   |  |  | 02                         | Glibbi             | Addie              | es (1.0. Dox Normber is Not Accepted   | رق                      |                            |                             |  |
|  |   |  |                                   |  |  | 83                         |                    |                    |  |                         |                            |                             |  |
|  |   |  |                                   |  |  | 84                         | City               |                    |  |                         | loc   Zin                  | Ondo                        |  |
|  |   |  |                                   |  |  | 04                         | City               |                    |  | FL                      | <b>  85   Z</b> ip (       | Code                        |  |
| 11. Pursuant<br>office or r<br>agent. I a                  | to the provis<br>registered as<br>rm familiar w | sions of Sections 607.050<br>gent, or both, in the State<br>rith, and accept the oblig | 2 and 6<br>of Florid<br>ations of | 07.1508, Florida Sta<br>da. Such change w<br>f, Section 607.0505 | atutes, the<br>as authori<br>, Florida S | above<br>zed by<br>tatutes | e-named<br>the cor | l corpo<br>poratio | ration submits this statement for the p<br>in's board of directors. I hereby accep | urpose of<br>It the app | changing it<br>ointment as | is registered<br>registered |  |
| SIGNATURE  |   |  |                                   |  |  |                            |                    |                    |  |                         |                            |                             |  |
|  | Signature, typed                                | d or printed name of registered age  |                                   |  |  |                            | nt signatur        | e required         | when reinstating)  | DATE                    |                            |                             |  |
| 12.  | - K   | OFFICERS AN  | D DIREC                           |  | 1  |                            |                    | T                  | ADDITIONS/CHANGES TO OFFIC   | ERS AND                 |                            |                             |  |
| TITLE  | D   | NAVARN 11  |                                   | ☐ DELETE   |  | TITLE                      |                    | DVS                |  |                         | Change                     | Addition                    |  |
| NAME   | FOOTE, C  |  |                                   |  |  | NAME                       |                    | FOU                | TE, DAVID H.   |                         |                            |                             |  |
| STREET ADDRESS   |   | TH JAMES AVENUE  |                                   |  |  |                            | ADDRESS            |                    | NORTH JAMES AVENUE   |                         |                            |                             |  |
| CITY-ST-ZIP  |   | O FL 32801   |                                   | N/ or ere  |  | 4 CITY-S                   | T-ZIP              | UKL                | ANDO, FL 32801   |                         |                            | 1 1 1 1 1 1 1 1             |  |
| TITLE  | D-  | OTCVEN I   |                                   | X) DELETE  |  | TITLE                      |                    |                    | <b>400002</b> 2<br>-08/06/3  |                         | Li Change                  | Addition                    |  |
| NAME   |   | <del>GTEVEN L.</del><br>TU OUMANEOUNI AVE.   |                                   |  |  | 2 NAME                     |                    |                    | -08/06/9   | 170                     | 10950                      | )19 ¯                       |  |
| STREET ADDRESS   |   | TH SUMMERLIN AVE:  | •                                 |  |  |                            | ADDRESS            |                    | ****165  | . on "                  | ****1                      | รร์เกก                      |  |
| CITY-ST-ZIP  |   | <del>) FL 02001</del>  |                                   | Drusse   |  | 4 CITY-S                   | 37 - <b>Z</b> IP   |                    |  |                         |                            |                             |  |
| TITLE .  | D<br>COLDY T                                    | WOME D   |                                   | DELETE   | -  | TITLE                      |                    | DP                 | DI   |                         | <b>X</b> Change            | Addition                    |  |
| NAME   |   | 'HOMAS B<br>TH SUMMERLIN AVE.  |                                   |  |  | 2 NAME                     |                    |                    | BY, T. BLAIR   | 2277172                 |                            |                             |  |
| STREET ADDRESS   |   | ) FL 32801   |                                   |  |  |                            | ADDRESS            |                    | NORTH SUMMERLIN AVE<br>ANDO, FL 32801  | NUL                     |                            |                             |  |
| CITY-ST-ZIP  | UNLANU  | 7 FL 32001   |                                   | Decrete  |  | 1. CITY-S                  | ST - ZIP           | OKL                | ARDO, FL 32001   |                         | T Observe                  | 1 4 2 2 2 2 2               |  |
| TITLE  |   |  |                                   | DELETE   | li li                                    | TITLE                      |                    | :                  |  |                         | Change                     | Addition                    |  |
| NAMÉ   |   |  |                                   |  |  | 2 NAME                     |                    |                    |  |                         |                            |                             |  |
| STREET ADDRESS   |   |  |                                   |  |  |                            | ADDRESS            |                    |  |                         |                            |                             |  |
| CITY-ST-ZIP  |   |  |                                   | [ ] priete   |  | CITY-S                     | T - ZIP            | ļ <u>.</u>         |  |                         | 01                         | 1.4400                      |  |
| TITLE  |   |  |                                   | DELETE   | li li                                    | 1 TITLE                    |                    |                    |  |                         | Change                     | Addition                    |  |
| NAME   |   |  |                                   |  |  | 2 NAME                     |                    |                    |  |                         |                            |                             |  |
| STREET ADDRESS   |   |  |                                   |  | 1  |                            | address            | }                  |  |                         |                            | '                           |  |
| CITY-ST-ZIP  | <b>}</b>  |  |                                   | Drifte   |  | 4 CITY-S                   | Y-ZIP              | <b> </b>           |  |                         |                            | 1 adds                      |  |
| TITLE  | 1   |  |                                   | ☐ DELETE   |  | THLE                       |                    |                    |  |                         | ☐ Change                   | Addition                    |  |
| NAME   | 1   |  |                                   |  |  | 2 NAME                     |                    |                    |  |                         |                            |                             |  |
| STREET ADDRESS   | •   |  |                                   |  |  |                            | ADDRESS            | ł                  |  |                         |                            | Man =                       |  |
| CITY-ST-ZIP  | L   |  |                                   |  | 6.4                                      | CITY-S                     | T-ZIP              |                    |  |                         | <b>1</b> (1                | WM                          |  |

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 eath; 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 charged or or an ittachment with an address.

REGULARE DATA VICE Pres

7/28 /97 (407) 425\_0303