

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: **115 NORTH NORTH SUMMERLIN AVE. ORLANDO FL 32801**
 Mailing Address: **115 NORTH NORTH SUMMERLIN AVE. ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 115 NORTH SUMMERLIN AVE.		2a. Mailing Address 26 121 NORTH JAMES AVENUE		3. Date Incorporated or Qualified 11/14/1994	3a. Date of Last Report 09/06/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-3280950	Applied For Not Applicable
23 City & State ORLANDO, FLORIDA		28 City & State ORLANDO, FLORIDA		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 32801	25 Country USA	29 Zip 32801	30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
				85 Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOOTE, DAVID H	1.2 NAME	FOOTE, DAVID H.
STREET ADDRESS	121 NORTH JAMES AVENUE	1.3 STREET ADDRESS	121 NORTH JAMES AVENUE
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, STEVEN L.	2.2 NAME	400002259744-3
STREET ADDRESS	115 NORTH SUMMERLIN AVE.	2.3 STREET ADDRESS	-08/06/97--01095--019
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLBY, THOMAS B	3.2 NAME	DP
STREET ADDRESS	115 NORTH SUMMERLIN AVE.	3.3 STREET ADDRESS	COLBY, T. BLAIR
CITY-ST-ZIP	ORLANDO FL 32801	3.4 CITY-ST-ZIP	115 NORTH SUMMERLIN AVENUE
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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]* **SECRETARY REQUIRED** Note: Vice Pres. 7/28 /97 (407) 425-9393

CR2E034 (4/97)

KWM