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.)

PROFIT CORPORATION **ANNUAL REPORT**

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P94000093631 (7)

PIN PLACE, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified 3a. Date of Last Report					
1633 NW 108 CORAL SPRIN	TH LN IGS FL 33071	1633 NW 106TH LN CORAL SPRINGS FL 33071							
					3. Date Incorporated or Qualified 12/28/1994	1 -	9/199		
. O	an of Puningno	2a. Mailing Address			4. FEI Number			applied F	For
· · ·	ace of Business	26			65-0545877			lot Appli	
Suite, Apt. #	etc.	Suite, Apt #, etc			5. Certificate of Status Desired	<u></u>		Addition	
2		27			5. Cermicale di Cinto Dec			Required	
City & State		City & State			6. Election Campaign Financing	П		May B	
3		28			Trust Fund Contribution			to Fees	
Zıp	Country	Zip	Country	1	8. This corporation has hability for the		, under : No	3 199.0	.32,
25		[29]	30		Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Curr	ent Hegistered Agent	81	Name	10. 110.110				
KF	RENZ, GENE								
16	33 NW 106TH LN		82 Street Add		ress (P.O. Box Number is Not Acceptab	ie)			
C	DRAL SPRINGS FL 33071		83	 					
				ļ. <u></u>			96 7	n Code	
			84	City		FL	85 Zış	, Couc	
agent. La	m familiar with, and accept the ob-	ligations of, Section box.0303	, i iondia diatate	_	oration subtilits this statement for the po on's board of directors. Thereby accept				
	Stocature, typed or protect came of recipiered	agent and title if applicable	(NOTE: Registered As	gent signature requir	red when reinstating)	DATE			
	Signature, typed or printed riame of registered OFFICERS /	agent and title if applicable AND DIRECTORS	(NO)E. Registered As	gent segnature reger	et when centralisting) ADDITIONS/CHANGES TO OFFIC				
12.		.,,	13.	gent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC		IRECTO Change		
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I do hereby certify that the information supplied with this filing is voluntarily turnished and does not quality for the exemption stated in Section 119 07(3)(x), Profit a Statutes 1 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 among director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 12 of changed, or on an attachment with an address

GNATURE:

SERVICE OF PRINTED MAYE OF SIGNING OFFICER OR DIRECTOR

SIGNATURĘ: