## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000004845

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90091 017 \*\*\*150.00

MAIN ST	: PIER, INC.						
Principal Place	e of Business	Mailing Address				1 00111 01001	LMEINE MINMAT MYSS THEMS
9 S. WILD OLIV	/E AVE.	9 S. WILD OLIVE AVE.					
DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					01/19/1995		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26	_		59-0597443		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		5 Additional	
22		27		Fee Required		· · · · · · · · · · · · · · · · · · ·	
City & State	e .	City & State			6. Election Campaign Financing		00 May Be led to Fees
23	Country	28	Country	,	Trust Fund Contribution  8. This corporation owes the current year I		ied to 1 ees
Zip	25	29 3	_ ·		Personal Property Tax.	Yes	□No
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registere	d Agent	
	At contract with a contract of contract		81	Name			
DOA		82	Street /	Address (P.O. Box Number is Not Acceptable)			
9 S. WILD OLIVE AVE.			02	Suber	Total Bas (1.0. Dox Halliber la Hat Acceptable)		
DAY	TONA BEACH FL 32118		83				
i			84	City		. 85	Zip Code
				′	corporation submits this statement for the purpose		
l office or r	radictored agent or both in the State (	of Florida. Such chande was aut	norized nv	the como	ration's board of directors. I hereby accept the app	iointment a	ıs registered j
agent. I a	m familiar with, and accept the obligat	lions of, Section 607.0505, Fioric	ia Statutes	٠.			
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Fioric	la Statutes	٠.	oquired when reinstating) DATE		
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14. I 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 suppliemental annual report je tue 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, with all other like empowered.

SIGNATURE:

CHATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-99

904-248-1611

Daytime Phone