

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P95000027816 (4)**

1. Corporation Name
PINEAPPLE AVENUE ASSOCIATES, INC.

Principal Place of Business
**455 LONGBOAT KEY ROAD
PENTHOUSE 4
LONGBOAT KEY FL 34228**

Mailing Address
**455 LONGBOAT KEY ROAD
PENTHOUSE 4
LONGBOAT KEY FL 34228**

FILED
Jul 29 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1995

4. FEI Number

65-0580469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **240 S. Pineapple Ave.**

26 **240 S. Pineapple Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Tenth Floor**

27 **Tenth Floor**

City & State

City & State

23 **Sarasota, FL**

28 **Sarasota, FL**

Zip

Country

Zip

Country

24 **34236**

25 **USA**

29 **34236**

30 **USA**

9. Name and Address of Current Registered Agent

**KAUFMAN, MARK S
455 LONGBOAT KEY ROAD
PENTHOUSE 4
LONGBOAT KEY FL 34228**

10. Name and Address of New Registered Agent

81 Name

Steven Band

82 Street Address (P.O. Box Number Is Not Acceptable)

1991 Main Street, Suite 183

83

84 City
Sarasota

FL

85 Zip Code
34236

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]

(NOTE: Registered Agent signature required when reinstating)

7/21/98

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **KAUFMAN, MARK S**
STREET ADDRESS **455 LONGBOAT KEY ROAD, PENTHOUSE 4**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **D** ☐ DELETE

NAME **BANK, DAVID S**
STREET ADDRESS **4100 FLAMINGO AVENUE**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **Hanan, Lewis**
1.3 STREET ADDRESS **690 Freeling Drive**
1.4 CITY-ST-ZIP **Sarasota, FL 34242**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **Band, David S.**
2.3 STREET ADDRESS **4100 Flamingo Avenue**
2.4 CITY-ST-ZIP **Sarasota, FL 34242**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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] **David Band**
Director

7/21/98

941-366-6660

0124568

CR2E034 (5/98)