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

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P95000049250 (0)

PINETIQUES, INC.

Principal Place of Business	Mailing Address

6331 NORTH FEDERAL HIGHWAY **BOCA RATON FL 33487**

2. Principal Place of Business

25

REARNKHAM, JOANNE W 6331 N. FEDERAL HWY

BOCA RATON FL 33487

Suite, Apt. #, etc.

City & State

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22

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Zip

2a. Mailing Address

City & State

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9. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

6331 NORTH FEDERAL HIGHWAY **BOCA RATON FL 33487**

FILED May 05 1998 8:00am Secretary of State



Street Address (P.O. Box Number is Not Acceptable)

City

Country

81

82

83 84

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office or re	o the provisions of Sections 607.0502 and 607 o giste red agent, or bolh, in the State of Florida n fam iliar with, and accept the obligations of, \$. Such change was a	uthorized by the corpo	orporation submits this statement for oration's board of directors. I hereby	the purpose of changing it accept the appointment as	s registered registered
SIGNATURE	Signatore, typed or printed name of registered agent and billed a	MOUS MICHE	Registered Agent signature n	onuired when reinstaling)	DATE	
12.	OFFICERS AND DIRECTORS		13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	DELETE	1.1 1111.8		☐ Change	☐ Addition
NAME	REARNKHAM, JOANNE W		1.2 NAME			ĺ
STREET ADDRESS	6331 NORTH FEDERAL HIGHWAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP			
TITLE	ĎV	DELETE	2.1 TITLE		☐ Change	Addition
NAME	REARNKHAM, RICHARD S		2.2 NAME			
STREET ADDRESS	6331 NORTH FEDERAL HIGHWAY		2.3 STREET ADDRESS		•	
CITY-ST-ZIP	BOCA RATON FL 33487		2. 4 CITY - S1 - ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CHTY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CHY-ST-ZIP			
TITLE		DELETE	5 1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-7IP			
TITLE		DELETE	61 THE		Change	Addition
NAME	8		6.2 NAME			
STREET ADDRESS	;		6.3 STREET ADDRESS	_1		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section indicated on this annual report or supplemental annual report is true and accurate and that my signature shall be officer or director of the corporation or the receiver or trustee empowered to execute this report as required to 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as it made under oath; that I am an 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

561

Zip Code