


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

FILED
Jun 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000071103**

1. Corporation Name
11200 PINES BLVD. PROPERTY, INC.

Principal Place of Business Mailing Address
"Address Change from 1996 annual report filing"

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 9/12/95		3a. Date of Last Report 1996	
21	902 Clint Moore Road	26	Same	4. FEI Number 65-0610715		Applied For Not Applicable	
22	Suite, Apt. #, etc. Suite 102	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	City & State Boca Raton, Florida	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Zip 33487	25	Country USA	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

Frank Pesce, Sr.
902 Clint Moore Road, Suite 142
Boca Raton, Florida 33487

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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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: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pesce, Frank Sr.	1.2 NAME	
STREET ADDRESS	902 Clint Moore Road, Suite 142	1.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, Florida 33487	1.4 CITY-ST-ZIP	
TITLE	Exec V.P./Treasurer <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marzano, Dominick	2.2 NAME	
STREET ADDRESS	902 Clint Moore Road, Suite 142	2.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, Florida 33487	2.4 CITY-ST-ZIP	
TITLE	Vice Pres/Secretary <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caparelli, Ernest	3.2 NAME	
STREET ADDRESS	902 Clint Moore Road, Suite 142	3.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, Florida 33487	3.4 CITY-ST-ZIP	
TITLE	Asst. Secretary <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donna Murray	4.2 NAME	
STREET ADDRESS	902 Clint Moore Road, Suite 142	4.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, Florida 33487	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	

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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: _____ **President** **5/29/97** **561-997-0400**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)