

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000085498 (0)

1. Corporation Name

PINE TRACE, INC.



Principal Place of Business

Mailing Address

~~4215 SOUTHPOINT BLVD.~~
~~SUITE 100~~
~~JACKSONVILLE FL 32216~~
2901 W. SR 434 #131
Longwood, FL 32779

4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

2. Principal Place of Business

2a. Mailing Address

21 ~~Two Sugar Creek Court~~
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 ~~Ormond Beach, FL~~

28 City & State

24 Zip Country
~~32174~~

29 Zip Country
30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/07/1995

3a. Date of Last Report
N/A

4. FEI Number

59-3348105

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

ANSBACHER, LEWIS
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

81 Name

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

83

84 City

FL

85 Zip Code

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 officer 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 D /V/S
NAME SCHWARTZ, WINSTON
STREET ADDRESS TWO SUGAR CREEK COURT
CITY-ST-ZIP ORMOND BEACH FL 32174

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2901 W. SR 434 #131
1.4 CITY-ST-ZIP Longwood, FL 32779

TITLE D /P/T
NAME ADLEY, JAMIE
STREET ADDRESS TWO SUGAR CREEK COURT
CITY-ST-ZIP ORMOND BEACH FL 32174

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2901 W. SR 434 #131
2.4 CITY-ST-ZIP Longwood, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 200001810782
5.4 CITY-ST-ZIP -05/07/96--01028--033
***200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

JAMIE ALAN ASHER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96

(407) 269-1155
Date Daytime Phone #

CR2E034 (12/95)