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 # P9600055606

1. Corporation Name

MARICAMP-PINE INVESTORS, INC.

Principal Place of Business

Mailing Address

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90226 014 ***150.00



1030 WEST INTE DAYTONA BEAC	ernational speedway blvd. H FL 32114	1030 WEST INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32114			DO NOT WRIT	re in This :	SPACE			
						3. Date incorporated or Qualifed 07/01/1996				
2. Principal Place of Business						4. FEI Number			Applied For	
21	<u>, </u>	26				<u>59-3388769</u>			Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		,	5 Additional Required	
City & State City & State						6. Election Campaign Financing		\$5.0	May Be	
23	28				Trust Fund Contribution	Ш	Adde	ed to Fees		
Zip 24	Country Zip Cou			8. This corporation owes the current year Intangible Personal Property Tax.					□No_	
9. Name and Address of Current Registered Agent						10. Name and Address of New R	egistered A	\gent		
					Name					
LICHTIGMAN, CHARLES S 1030 WEST INTERNATIONAL SPEEDWAY BLVD.			82	Stree	et Addres	Address (P.O. Box Number is Not Acceptable)				
DAYT	•	83			- <u></u>					
			84	City			FL	85 Z	ip 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 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.									its registered registered	
SIGNATURE	<u></u>	AUGTS D		-1		they report three	DATE			
					e required v	when reinstating) ADDITIONS/CHANGES TO OF		DIREC	TORS IN 12	
12.	D OFFICERS ANI	D DIRECTORS DELETE	1,1 TITLE		Т	ADDITIONS/CHANGES TO OF	I IOLINO AIN	Chang		
TITLE	_							_ `	, <u> </u>	
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NAME	HEODAGEN, DAVID 1			T ADDRES	ــــ اء.	-	_	,		
STREET ADDRESS	DAYTONA DEACH EL COMMA				~		·			
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NAME			4. 2 NAME							
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TITLE		☐ DELETE	5.1 TITLE					Caringli	ac Pungunou	
NAME			5.2 NAME	-C & DODG-C			•			
STREET ADDRESS			5.3 STREE		×					
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	51-ZIP				Char	no Addition	
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NAME		•;	6.2 NAME						Į.	
STREET ADDRESS			6.3 STREE		SS	•				
CITY OT 7ID	1		6.4 CITY-S	ST-ZIP	1					

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 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, with all other like empowered.

