

550.00

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

FILED
May 08 1997 8:00am
Secretary of State

1. Corporation Name Pineapple Ventures Inc

Principal Place of Business	Mailing Address
450 440 WEST BROAD STREET 400 FALLS CHURCH VA 22046	450 440 WEST BROAD STREET 400 FALLS CHURCH VA 22046-3331

3. Date Incorporated or Qualified 1/18/1996 10/30/96		3a. Date of Last Report	
4. FEI Number 54-1825938		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address
21		2b
Suite, Apt. #, etc.		Suite, Apt. #, etc.
22		27
City & State		City & State
23		28
Zip	Country	Zip
24	25	29

24	25	26	27
g. Name and Address of Current Registered Agent			
KRUE, WAYNE ESQ. 600 WHITEHEAD STREET KEY WEST FL 33040			

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12.		OFFICERS AND DIRECTORS	
TITLE	D		<input type="checkbox"/> DELETE
NAME	TAYLOR, WARREN W JR.		
STREET ADDRESS	419 WEST BROAD STREET		
CITY - ST - ZIP	FALLS CHURCH VA 22046		
TITLE	D		<input type="checkbox"/> DELETE
NAME	TAYLOR, CLAUDETTE E		
STREET ADDRESS	419 WEST BROAD STREET		
CITY - ST - ZIP	FALLS CHURCH VA 22046		
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	Warren W. Taylor III	
1.3 STREET ADDRESS	P.O. Box 50 419 W. Broad St.	
1.4 CITY-ST-ZIP	Asheboro, VA 22601 Falls Church, VA 22046	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	Claude H. E. Taylor	
2.3 STREET ADDRESS	419 W. Broad St.	
2.4 CITY-ST-ZIP	Falls Church, VA 22046	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	400002182184	
6.3 STREET ADDRESS	-05/19/97--01004--024	
6.4 CITY-ST-ZIP	***165.00	

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 in an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED W/gk 4/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012006