PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90076 023 \*\*\*150.00

## DOCUMENT # P9700050228

. Corporation Name

R.J. PINES CORP.

Principal Place of Business Mailing Address							-,.,-	18814 BB  118 18111 18811 BB 11 BB	IIII ABIII ABIIA	enn sens ne	118 1188) 1811 1881	
·			00 N. FEDERAL H	RAL HIGHWAY					,			
SUITE 202E			SUITE 202E					DO NOT INDITE IN THE CRACE				
BOCA RATON FL 33431 BOCA RATON FL 33431			3431					DO NOT WRITE IN THIS SPACE				
								3.	Date Incorporated or Qualifed 06/06/1997	-		
2. Principal Pla	nco of Business	72	, Mailing Address					4	FEI Number			Applied For
<del>-</del>	ace of dusiness	26	, Walling Address						65-0773228		<del></del>	Not Applicable
Suite, Apt. #	t etc	<u></u>	Suite, Apt. #, et								<del></del>	Additional
22	, 5.0.	27	55.15, v.p.i, 5.					5.	Certificate of Status Desired		, -	Required
City & State			City & State					6	Election Campaign Financing		\$5.0	<b>0</b> May Be
23		28						-	Trust Fund Contribution			d to Fees
Zip	Country		Zip	Co	untry	,		8.	This corporation owes the cur	ent year in	itangible	
24	25	29		30	_			<u> </u>	Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Regi	stered Agent		Ţ			10.	Name and Address of New	Registered	Agent	
A					81	Na	ime					İ
SIEMENS, RICHARD					82 Street Addres			ss (P	O. Box Number is Not Accept	able)		
4800 N. FEDERAL HIGHWAY												
	E 202E				83	1						ļ
BOCA	A RATON FL 33431				84	Cit	tv				85 Zi	p Code
							•			Fl	<u> </u>	
11. Pursuant to	o the provisions of Sections 607.05 gistered agent, or both, in the State	02 and 6	607.1508, Florida	Statutes, the	abovi	e-nar	med corpor	ration	n submits this statement for the	purpose o	f changing	its registered
οπιce or re agent, I an	igistered agent, or both, in the State n familiar with, and accept the oblig	ations of	f, Section 607.05	05, Florida Sta	atutes	3.	Corporation	1300	:	P1 upp		
SIGNATURE												
	Signature, typed or printed name of registered age			(NOTE: Register		nt signa	ature required v			DATE	ND DIDEC	TORS IN 42
12.	OFFICERS A	ND DIRI		13			<del></del> T		ADDITIONS/CHANGES TO OF	FICERS A	Chang	
TITLE	PD SIGNARD		☐ DELI		TITLE							
NAME	SIEMENS, RICHARD				NAME							j
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STREET ADDRESS CITY-ST-ZIP	•				CITY-S							Ì
GUT-SI-ZIP					-							

14. I hereby certify that the information supplied with this fling 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 supplimental 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 recorder of trustee of powered 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 attachapter twith an address, with all other like empowered.

SIGNATURE:

THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/10/99

Daytime Phone #

25034 (11/98