


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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90034 039 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000098697 (0) ✓

1. Corporation Name
PINE GP, INC.



Principal Place of Business C/O THE GOODMAN COMPANY 777 S FLAGLER DRIVE WEST PALM BEACH FL 33401	Mailing Address C/O THE GOODMAN COMPANY 777 S FLAGLER DRIVE WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/19/1997	
Suite, Apt. #, etc. 22 SUITE 1101E		Suite, Apt. #, etc. 27 SUITE 1101E		4. FEI Number 65-0806332	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

William A. Shewalter
777 S. Flagler Drive., Suite 1101E
West Palm Beach, FL 33401

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 607.1502 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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, MURRAY H	1.2 NAME	
STREET ADDRESS	777 S FLAGLER DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	1.4 CITY - ST - ZIP	
TITLE	President <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Garry L. Witt	2.2 NAME	Lawrence A. Silvestri
STREET ADDRESS	777 S. Flagler Dr., Ste. 1101E	2.3 STREET ADDRESS	777 S. Flagler Dr., Ste. 1101E
CITY - ST - ZIP	West Palm Beach, FL 33401	2.4 CITY - ST - ZIP	West Palm Beach, FL 33401
TITLE	Vice President/Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William A. Shewalter	3.2 NAME	
STREET ADDRESS	777 S. Flagler Drive., Ste. 1101E	3.3 STREET ADDRESS	
CITY - ST - ZIP	West Palm Beach, FL 33401	3.4 CITY - ST - ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Minnie S. Geist	4.2 NAME	
STREET ADDRESS	777 S. Flagler Drive., Ste. 1101E	4.3 STREET ADDRESS	
CITY - ST - ZIP	West Palm Beach, FL 33401	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	

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 added attaching with an address.

SIGNATURE:  4-27-99 William A. Shewalter, V.P./Treasurer

(561) 833-3777

CR2E034 (10/97)