

**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90045 033 ***150.00

DOCUMENT # P98000022564

1. Entity Name
PINE PLAZA OF SUNRISE, INC.



Principal Place of Business
% JAMES CASE, #102
2810 E. OAKLAND PARK BLVD.
FT LAUDERDALE, FL 33306

Mailing Address
% JAMES CASE, #102
2810 E. OAKLAND PARK BLVD.
FT LAUDERDALE, FL 33306

94016359



02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0821039

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASE, JAMES L
2810 EAST OAKLAND PARK BLVD., SUITE 102
FT. LAUDERDALE, FL 33306

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CASE, JAMES L
STREET ADDRESS 2810 E. OAKLAND PARK BLVD, #102
CITY-ST-ZIP FT LAUDERDALE, FL 33306

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. CASE, DIR.

2/18/04 954563-1000

Date

Daytime Phone #