2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000078354

MPI/PINE CREST SQUARE, INC.



Principal Place of Business

200 CONGRESS PARK DRIVE

SUITE 103

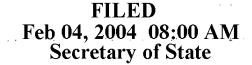
DELRAY BEACH, FL 33445

Mailing Address

200 CONGRESS PARK DRIVE

SUITE 103

DELRAY BEACH, FL 33445





01052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0862972

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and Add	iress of	Current	Registered	Agent

AUERBACHER, STEVEN M 200 CONGRESS PARK DRIVE

SIGNATURE:

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DELRAY I	BEACH, FL 33445		IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the ptions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE. Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	· · · · · · ·			
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	P MANDOR, ROBERT 200 CONGRESS PARK DRIVE SUITE DELRAY BEACH, FL 33445	103	U00000035895 02/06/04-80029-013 150.00			
TITLE NAME Street Address City-St-Zip	VP OTTO, JOSEPH 200 CONGRESS PARK DRIVE SUITE DELRAY BEACH, FL 33445	103			•	
TITLE Name Street address City-St-Zip	S OTTO, JOSEPH 200 CONGRESS PARK DRIVE SUITE DELRAY BEACH, FL 33445	103	DO NOT WRITE			
title Name Street address City-St-Zip				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE Name Street address City-St-Zip				· - ·		
 I hereby of indicated of the conchanged. 	ertify that the information supplied with this fill on this report or supplemental report is frue all poration or the receiver or truetse empowed or on an attachment with an address, with all	ng does not qualify for the exem nd accurate and that my signatu to execute this report as require other like enpowered.	ption stated re shall haved by Chap		(f), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or directores; and that my name appears in Block 10 or Block 11 if	