**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000079072

PINES ROLLEVARD LAND INC

	ce of Business	Mailing Address					
18999 BISCAYI	NE BLVD.	18999 BISCAYNE BLVD.			ļ		
AVENTURA FL 33180 AVENTURA FL 33180					DO NOT WRITE IN THI	S SPACE	
					3. Date incorporated or Qualified	- 0	
					09/08/1998		]
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21		26			65-0868841		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				;#Koj	5 Certificate of Status Desired	\$8.75	
22	<u> </u>	27		<u></u>		Fee Re	
City & Sta	to /	City & State			Election Campaign Financing	_ \$5.00 Added 1	
23		28	Country	<u> </u>	Trust Fund Contribution		D rees
Ζiρ	Country	— — —	COLINDY	<b>'</b>	This corporation owes the current year in Personal Property Tax.	Tranglowe ☐ Yes	□No
24	ў. Name and Address of Curren				10. Name and Address of New Registere		
<del></del>	S' MEUR WIND WINDERS OF CONTROL	1 LIAB AND AND CANADA	81	Name			
GOL	LOMAN, BRUCE J			<del> </del>			
CITY NATIONAL BANK BUILDING			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		J
2701 LE JEUNE ROAD, SUITE 404			83				
CORAL GABLES FL 33134			<u>-</u>			[an ] 75- (	Code
	•		84	****	rporation submits this statement for the purpose of the board of directors. I heraby accept the appearance of the purpose of t	_	· [
SIGNATURE	Signature, typed or printed name of registered agen		sered Ager	rit signature requ	and when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTO	
TITLE	D				AUDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	
NAME	JAFFE, NORMAN S	☐ DELETE 1	I. F TITLE		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
STREET ADDRESS	001611000000	·-	1.1 TITLE 1.2 NAME		ADDITIONS/GRANGES TO OFFICERS A		
CITY-ST-ZIP	LACAR DIRECTION BY LINE	1	2 NAME	TADORESS	ADDITIONS/CHANGES TO OFFICERS A		
		1	2 NAME		ADDITIONS/GNA/IGES TO OFFICERS A	☐ Change	Addition
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	AVENTURA FL 33180  D JAFFE, MARK S	DELETE 2	2 NAME 1.3 STREE 1.4 CTTY-S 2.1 TITLE 2.2 NAME		ADDITIONS/GNA/GES TO OFFICERS A	☐ Change	Addition
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6.4 CITY-ST-ZIP 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 eath; 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_\_

STREET ADDRESS



Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90101 016 \*\*\*150.00

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