

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 12, 1999 8:00 am  
Secretary of State

05-12-1999 90003 016 \*\*\*150.00

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1. Corporation Name

PINEAIRE APARTMENTS, INC.

Principal Place of Business

PINEAIRE APT HOMES  
1120 FLORIDA ST # 100  
SANFORD, FL 32773

Mailing Address

C/O JANET MERRITT  
9407 CHANDON DR  
ORL, FL 32825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

21 OAKMONT APT HOMES

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

59-3541661

Applied For

Not Applicable

Suite, Apt. #, etc.

22 539/559 S. CENTRAL AVE

27 City & State

23 OVIEDO, FL

28 Zip Country

24 32765

25 SEMINOLE

29 Zip Country

30

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JANET MERRITT  
PINEAIRE APTS, INC.  
9407 CHANDON DR  
ORL, FL 32825

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 607.0502 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 JANET MERRITT, OFFICER

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

(NOTE: Registered Agent signature required when reinstating)

4/26/99

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE OFFICER ☐ DELETE  
NAME JANET MERRITT  
STREET ADDRESS 9407 CHANDON DR  
CITY-ST-ZIP ORL, FL 32825

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

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3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JANET MERRITT, OFFICER

4/26/99 407-415-9259

CR2E034 (11/98)