


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

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		99 MAR 18 AM 8:34 TALLAHASSEE, FLORIDA <div style="background-color: black; width: 150px; height: 20px; margin: 5px auto;"></div>																									
DOCUMENT # P98000100620 1. Corporation Name PINE DOVE, INC.																													
Principal Place of Business 4500 PGA BLVD., STE. 200 PALM BEACH FL 33418		Mailing Address 4500 PGA BLVD., STE. 200 PALM BEACH FL 33418																											
DO NOT WRITE IN THIS SPACE																													
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/03/1998 4. FEI Number QSSY - NOT APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
9. Name and Address of Current Registered Agent BAILEY, GARY S 4500 PGA BLVD., STE. 200 PALM BEACH FL 33418			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																													
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BAILEY, GARY S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>505 S. BEACH RD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JUPITER FL 33455</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> DELETE	NAME	BAILEY, GARY S		STREET ADDRESS	505 S. BEACH RD.		CITY-ST-ZIP	JUPITER FL 33455		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1.1 TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE																											
NAME	BAILEY, GARY S																												
STREET ADDRESS	505 S. BEACH RD.																												
CITY-ST-ZIP	JUPITER FL 33455																												
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
1.2 NAME																													
1.3 STREET ADDRESS																													
1.4 CITY-ST-ZIP																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2.1 TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
2.2 NAME																													
2.3 STREET ADDRESS																													
2.4 CITY-ST-ZIP																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">3.1 TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
3.2 NAME																													
3.3 STREET ADDRESS																													
3.4 CITY-ST-ZIP																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">4.1 TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
4.2 NAME																													
4.3 STREET ADDRESS																													
4.4 CITY-ST-ZIP																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">5.1 TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
5.2 NAME																													
5.3 STREET ADDRESS																													
5.4 CITY-ST-ZIP																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6.1 TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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
BAILEY, GARY S

 DATE **2/3/99**

Daytime Phone # _____

CR2E034 (1/98)