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Secretary of State

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02/19/99

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **S19078**

1. Corporation Name
PIONEER DEVELOPMENT ENTERPRISES, INC.

Principal Place of Business: 5810 WASHINGTON ST, NAPLES FL 34109, US
 Mailing Address: 9011 SW OLD KANSAS AVE, 1166 WEST NEWPORT CENTER, SUITE 114, STUART FL 34997, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	11/30/1990	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0228558	
24	Country	29	Country	Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
LITTMAN, CURTIS A. 1855 S. KRANNER HIGHWAY STUART FL 34994				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
81 Name				6. Election Campaign Financing	
82 Street Address (P.O. Box Number is Not Acceptable)				<input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/>	
83				8. This corporation owes the current year Intangible Personal Property Tax.	
84 City				<input type="checkbox"/> Yes <input type="checkbox"/> No	
85 Zip Code				10. Name and Address of New Registered Agent	
FL					

-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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D RICE, CRAIG	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9011 SW OLD KANSAS AVE	1.2 NAME	
STREET ADDRESS	STUART FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P HUNTER, ROBERT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9011 SW OLD KANSAS AVE	2.2 NAME	
STREET ADDRESS	STUART FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **REQUIRED** Date: 1-29-99 Daytime Phone #: 561-283-9197

CR2E034 (11/98)