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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V53334**

(1)

1. Corporation Name

PINELLAS NORTHGATE, INC.



Principal Place of Business

% MARTIN L. GARCIA
101 E. KENNEDY BLVD., SUITE 3700
TAMPA FL 33602

Mailing Address

% MARTIN L. GARCIA
101 E. KENNEDY BLVD., SUITE 3700
TAMPA FL 33602

3. Date Incorporated or Qualified

07/27/1992

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

Zip

30

Country

9. Name and Address of Current Registered Agent

GARCIA, MARTIN L.
101 E. KENNEDY BLVD.
SUITE 3700 - BARNETT PLAZA
TAMPA FL 33602

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

☐ DELETE

NAME

GARCIA, MARTIN L
1613 CULBREATH ISLES
TAMPA FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

DVP

☐ DELETE

NAME

GARCIA, MARSHALL
13518 PALMWOOD LANE
TAMPA FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

DVP

☒ DELETE

NAME

GARCIA, MYRNA
3016 ABDELLA STREET
TAMPA FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

DS

☐ DELETE

NAME

GARCIA, MANUEL
4933 NEW PROVIDENCE
TAMPA FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)