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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000080964 (6)

PINNACLE INSURANCE & FINANCIAL SERVICES, INC.

FILED Apr 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				ı Jeniindi iin ebidi birit dalıı balıı balır balır	IT BROTT BOLLE IMSED MILLS BERS TORS	
669 BEVILLE ROAD 669 BEVILLE ROAD						
SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32119			19			
					DO NOT WRITE IN T	HIS SPACE
					Date Incorporated or Qualified 10/17/1995	
2. Principal Pl	lace of Business	i	2a. Mailing Address	۸۱	4. FEI Number	Applied For
21 5781	Nova Ko		26 3781 Nova	Rd	59-3339973	Not Applicable
Suite, Apt.			Suite, Apt. #, etc.	5	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		r.	City & State	<u>, </u>	6, Election Campaign Financing	\$5.00 May Be
23 Port	Orange	PL	28 Port Orange	Pl	Trust Fund Contribution	Added to Fees
Zip Zih	32116 - 9	cuntry	Zip 2 1 1 4	Country	8. This corporation owes or has paid the	current year Intangible
24	3 6 7 7 25	rolusia		30 Volusia	Personal Property Tax due June 30.	☐ Yes ☐ No
		ddress of Current I	Registered Agent		10. Name and Address of New Registe	red Agent
MARKS, GERALD A 81 Name Jon G. Enstein						
62 Street Address (P.C					ress (P.O. Box Number is Not Acceptable)	
SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32119						
⁸³ Suit					uite 455	
				84 City D	1 0	- 85 Zip-Cede . //
	*			1 101		-L 82119
11. Pursuant to the provisions of Socions 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.						
agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.						
SIGNATURE DO SECTION TIPE						
12. OF FICERS AND DIRECTORS IN 12. OF FICERS AND DIRECTORS IN 12.						
12.	PD	OTTOCHO AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	EPSTEIN, JON	I G	— • • • • • • • • • • • • • • • • • • •	1.2 NAME		Change Carridonali
STREET ADDRESS	669 BEVILLE			1.3 STREET ADDRESS		
CITY-SI-ZIP		ONA FL 32119	/	1.4 CITY-ST-ZIP		4
TITLE	STD		IV DELETE	2.1 TITLE		Change Addition
NAME	MARKS, GERA	ALD A	_	2.2 NAME		
STREET ADDRESS	669 BEVILLE I			2.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH DAYT	ONA FL 32119		2.4 CITY-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME				3.2 NAME		. — …
STREET ADDRESS				3.3 STREET ADDRESS	•	
CITY - ST - ZIP				3.4. CITY-ST-ZIP		
TITLE			☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CITY-ST-ZIP		
TITLE			DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		(
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY-ST-ZIP		
TITLE			☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		
CITY-ST-ZIP				6.4 CITY - ST - ZIP		
						

14. Thereby 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.

SIGNATURE: SEA

2/18/98 904.322-266