

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

FILED

Feb 10 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000067477 (6)**

1. Corporation Name  
**PINNACLE INVESTMENT PROPERTIES, INC.**



Principal Place of Business		Mailing Address	
<del>18 CINNAMON BARK LANE</del> <del>KEY LARGO FL 33007</del> <b>50 Island Dr.</b> <b>Key Largo, FL 33037</b>		<b>100 ANCHOR DRIVE</b> <b>#485</b> <b>KEY LARGO FL 33037-5277</b>	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip		
24 Country	29 Country		

3. Date Incorporated or Qualified <b>08/31/1995</b>	3a. Date of Last Report <b>08/23/1996</b>
4. FEI Number <b>05-0593995</b>	Applied For <input checked="" type="checkbox"/> <b>APPLIED FOR</b> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>MCDONALD, JAMES W JR.</b> <b>COMMUNITY PLAZA, SUITE 306</b> <b>15600 SOUTH WEST 288TH STREET</b> <b>HOMESTEAD FL 33033</b>	

10. Name and Address of New Registered Agent	
81 Name	<b>WILLIAM SPORT</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>100 ANCHOR DR SUITE 485</b>
83	
84 City	<b>KEY LARGO, FL</b>
85 Zip Code	<b>33037</b>

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **1/30/97**

12. OFFICERS AND DIRECTORS	
TITLE	<b>PSD</b> <input type="checkbox"/> DELETE
NAME	<b>SPORT, WILLIAM A</b>
STREET ADDRESS	<b>17 HARBOR ISLAND DR.</b>
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>
TITLE	<b>STVD</b> <input type="checkbox"/> DELETE
NAME	<b>SPORT, BRENDA</b>
STREET ADDRESS	<b>17 HARBOR ISLAND DR.</b>
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 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	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 do 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 included 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 as an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **1/7/97** Daytime Phone #

CR2E034 (9/96)