FILE NOW ... FEE AFTER MAY 1 IS $550...

PROFIT CORPORATION ANNUAL REPORT 1999 (L)

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

FILED
99 AUG 13 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # S71804

1. Corporation Name
PINNACLE ONE, INC.

Principal Place of Business	Mailing Address
P. O. BOX 1472 JENSEN BEACH FL 34957	P.O. BOX 731 MORRISVILLE PA 19067 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1991
4. FEI Number: 65-0314058 — Applied For / Not Applicable
$8.75 Fee Required

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)
2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

5. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees
6. This corporation owes the current year intangible tax. Yes

9. Name and Address of Current Registered Agent
KATSOCK, JOCELYN R
1307 NE SUNVIEW TERRACE
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City

400002963054--7
-08/19/99--01018--013
****150.00 ****150.00
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 ____________
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when changing Registered Agent — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KATSOCK, JOCELYN R		1.2 NAME	
STREET ADDRESS	1307 NE SUNVIEW TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KATSOCK, JOHN J SR.		2.2 NAME	
STREET ADDRESS	880 GAINSWAY RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	YARDLEY PA 19067		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. 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: Jocelyn Katsock — 4/20/99 — 215-295-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E031 (11/98)