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

Block 12 or Block 13 if changed, or on an attachment with an address.

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Mar 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # 850300 (5)THE PINNACLE OF NAPLES, INC. Principal Place of Business Mailing Address 3511 3 BONITA BAY BLVD PO BOX 1869 BONITA SPRINGS FL 33923 BONITA SPRINGS FL 33959 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/08/1981 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 35-1513661 Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zıp Country Zip Country This corporation owes or has paid the current year Intangible Yes Yes 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROWN, BRAD 3511 3 BONITA BAY BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **BONITA SPRINGS FL 33923** 83 84 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE BROWN, ROBERT G. NAME 12 NAME CR2E034 3511 3 BONITA BAY BLVD STREET ADDRESS 1.3 STREET ADDRESS **BONITA SPRINGS FL** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change TITLE 2.1 TITLE Addition BROWN, CAROLYN M. NAME 2.2 NAME 3511 3 BONITA BAY BLVD STREET ADDRESS 2.3 STREET ADDRESS **BONITA SPRINGS FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 31 TITLE Change TITLE NAME BROWN, BRETT 3.2 NAME 3511 3 BONITA BAY BLVD STREET ADORESS 3.3 STREET ADDRESS **BONITA SPRINGS FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE BROWN, BRAD NAME 4, 2 NAME 9843 TREASURE CAY LN STREET ADDRESS 4.3 STREET ADDRESS **BONITA SPRINGS FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE WILLEY, ROBERT C. NAME 5.2 NAME STREET ADDRESS 27936 TEMPLE TERRACE **5.3 STREET ADDRESS BONITA SPRINGS FL** CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE BROWN, DONNA L. NAME 6.2 NAME 3511 3 BONITA BAY BLVD STREET ADDRESS 6.3 STREET ADDRESS **BONITA SPRINGS FL** 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

- Pres-

3/16/98

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