SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F95000005696 (8)**

1. Corporation Name
PINNACLE CORPORATION OF CENTRAL FLORIDA

Principal Place of Business	Mailing Address
1603 16TH ST. OAK BROOK IL 60521	1603 16TH ST. OAK BROOK IL 60521

3. Date Incorporated or Qualified: 11/21/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 4 Westbrook Corp. Center
Suite, Apt. #, etc
22: Suite 500
City & State
23: Westchester, Illinois
Zip
24: 60154
Country
25: cook

2a. Mailing Address
26: 4 Westbrook Corp. Ctr
Suite, Apt. #, etc
27: Suite 500
City & State
28: Westchester, Illinois
Zip
29: 60154
Country
30: Cook

4. FEI Number: ~~36-3217312~~ 59-3362645 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DIVINE, RUSSELL W
14 E. WASHINGTON ST., STE. 500
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Peter J. Brennan
82 Street Address (P.O. Box Number is Not Acceptable): 599 Celebration Place
83: Suite B
84 City: Celebration **FL** 85 Zip Code: 34747

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: Peter J. Brennan
Signature, typed or printed name of individual and capacity or title if applicable (NEW Registered Agent signature required when adding or changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP RYAN, WILLIAM J 1603 16TH ST. OAK BROOK IL 60521	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D Eileen Seyfarth 4 Westbrook corp. Center, Suite 50 Westchester, IL 60154 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CV RYAN, MICHAEL J 1603 16TH ST. OAK BROOK IL 60521	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RYAN, THOMAS E 1603 16TH ST. OAK BROOK IL 60521	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RYAN, THERESE M 1603 16TH ST. OAK BROOK IL 60521	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COFFEY, DONNA 1603 16TH ST. OAK BROOK IL 60521	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUDDIG, MARY 1603 16TH ST. OAK BROOK IL 60521	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added or on an attachment with an address.

SIGNATURE: ~~Michael J.~~ Ryan Director 7/24/96 (708) 409-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #