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FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

4 WESTBROOK CORP. CTR.
SUITE 500
WESTCHESTER IL 60154
US

Mailing Address

4 WESTBROOK CORP. CTR.
SUITE 500
WESTCHESTER IL 60154-5753
US



3. Date Incorporated or Qualified 11/21/1995
3a. Date of Last Report 08/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number

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

BRENNAN, PETER J
T99 CELEBRATION PLACE
SUITE B
CELEBRATION FL 34747

10. Name and Address of New Registered Agent

81 Name

BRENNAN, PETER J.

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

(Signature of Peter J. Brennan)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
CP	RYAN, WILLIAM J	1603 18TH ST.	OAK BROOK IL 60521	<input type="checkbox"/>
CV	RYAN, MICHAEL J	1603 18TH ST.	OAK BROOK IL 60521	<input type="checkbox"/>
D	RYAN, THOMAS E	1603 18TH ST.	OAK BROOK IL 60521	<input type="checkbox"/>
DS	RYAN, THERESE M	1603 18TH ST.	OAK BROOK IL 60521	<input type="checkbox"/>
D	COFFEY, DONNA	1603 18TH ST.	OAK BROOK IL 60521	<input type="checkbox"/>
D	BUDDIG, MARY	1603 18TH ST.	OAK BROOK IL 60521	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Eileen Seyfarth			<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 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 person 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0481923

CR2E034 (9/96)