

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

FILED

Jan 29 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 # F96000006113 (2)

1. Corporation Name  
PINNACLE GOLF CORP.



Principal Place of Business  
311 RYE BEACH AVE.  
RYE NY 10580

Mailing Address  
311 RYE BEACH AVE.  
RYE NY 10580-3447

3. Date Incorporated or Qualified  
11/22/1996

3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		22-3417749		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		30			
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

ALEXANDER, LARRY ESQUIRE  
JAMES, FOSTER, JOHNSTON & STUBBS  
505 FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULVEY, STEPHEN W	1.2 NAME	
STREET ADDRESS	911 RYE BEACH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RYE NY 10580	1.4 CITY-ST-ZIP	
TITLE	VVC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, JOHN S	2.2 NAME	
STREET ADDRESS	48 WESTCHESTER VIEW LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY 10607	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOWAN, FRANK	3.2 NAME	
STREET ADDRESS	350 BEDFORD ST. SUITE 404	3.3 STREET ADDRESS	15 CANNON ROAD
CITY-ST-ZIP	STANFORD CT 06901	3.4 CITY-ST-ZIP	WILTON, CT. 06897
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOSCHOSER, LOUIS	4.2 NAME	Noschoser
STREET ADDRESS	16 PONDS LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PURCHASE NY 10577	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: Stephen W. Mulvey 1/22/97 916-867-2936  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)