

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

FILED

Feb 05 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **F96000006113 (2)**

1. Corporation Name  
**PINNACLE GOLF CORP.**

|   |   |
|---|---|
| Principal Place of Business<br><b>311 RYE BEACH AVE.<br/>RYE NY 10580</b> | Mailing Address<br><b>311 RYE BEACH AVE.<br/>RYE NY 10580</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|  |                                    |  |
|--|------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>11/22/1996</b>   | 4. FEI Number<br><b>22-3417749</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | \$8.75 Additional Fee Required     |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees        |  |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30, <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>505 S. Flagler Drive</b><br>Suite, Apt. #, etc. <b>Suite 1100</b><br>City & State <b>Palm Beach</b><br>Zip <b>33401</b> Country <b>USA</b> | 2a. Mailing Address<br><b>505 S. Flagler Drive</b><br>Suite, Apt. #, etc. <b>Suite 1100</b><br>City & State <b>Palm Beach</b><br>Zip <b>33401</b> Country <b>USA</b> |
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|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent<br><b>ALEXANDER, LARRY ESQUIRE<br/>JAMES, FOSTER, JOHNSTON &amp; STUBBS<br/>505 FLAGLER DRIVE, SUITE 1100<br/>WEST PALM BEACH FL 33401</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code |
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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 checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCGOWAN, FRANK                                | 3.2 NAME  |   |
| STREET ADDRESS             | 15 CANNON RD                                  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | WILTON CT                                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | NOSCHESSE, LOUIS                              | 4.2 NAME  |   |
| STREET ADDRESS             | 16 PONDS LANE                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | PURCHASE NY                                   | 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 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 as an attachment with an address.

SIGNATURE:  REQUIRED

CR2E034 (10/97)