

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90001 018 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H29253

1. Corporation Name

PINNACLE GROUP, INC.



Principal Place of Business

3511 ROYAL PALM AVE.
COCONUT GROVE FL 33133
US

Mailing Address

3511 ROYAL PALM AVE.
COCONUT GROVE FL 33133
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1984

2. Principal Place of Business

21 **224 PALERMO AVE**

2a. Mailing Address

26 **224 PALERMO AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **CORAL GABLES**

City & State

FL

City & State

28 **CORAL GABLES FL**

Zip

24 **33134**

25 **USA**

Zip

29 **33134**

30 **USA**

4. FEI Number

59-2465647

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 owes the current year
Intangible Personal Property.



Yes ☐ No

9. Name and Address of Current Registered Agent

COREY, JACK
3511 ROYAL PALM AVE.
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name **COREY, JACK**

82 Street Address (P.O. Box Number is Not Acceptable)

616 CANDIA AVE

83

84 City **CORAL GABLES**

FL

85 Zip Code **33146**

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)

DATE

PRESIDENT

10/17/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P COREY, JACK**
STREET ADDRESS **3511 ROYAL PALM AVE.**
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SAME** ☒ Change ☐ Addition
1.2 NAME **SAME**
1.3 STREET ADDRESS **616 CANDIA AVE**
1.4 CITY-ST-ZIP **CORAL GABLES FL 33133**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(l), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT

10/17/99

305 444 4531

CR2E034 (5/99)