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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State

DOCUMENT # **H97412** (1)
 1. Corporation Name
BINNACLE SYSTEMS, INC.



Principal Place of Business Mailing Address
821 S.W. 16TH STREET **821 S.W. 16TH STREET**
P.O. BOX 27-3384 **P.O. BOX 27-3384**
BOCA RATON FL 33486 **BOCA RATON FL 33486-6904**

2. Principal Place of Business	2a. Mailing Address
21 10792 LAKE OAK WAY	26 10792 LAKE OAK WAY
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 BOCA RATON	28 BOCA RATON
24 33498	29 33498
25 FL USA	30 FL USA

3. Date Incorporated or Qualified 02/04/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2741124	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
KELLY, CAROLINE M
821 S.W. 16TH STREET
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
 81 Name **ANNE PARLIN MOUSSETTE**
 82 Street Address (P.O. Box Number is Not Acceptable)
10792 LAKE OAK WAY
 83
 84 City **BOCA RATON** FL 85 Zip Code **33498**

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: *Anne Parlin Moussette*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	KELLY, JAMES JOSEPH	
STREET ADDRESS	821 S.W. 16TH STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/>
NAME	KELLY, CAROLINE M.	
STREET ADDRESS	821 S.W. 16TH STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	ANNE PARLIN MOUSSETTE		
1.3 STREET ADDRESS	10792 LAKE OAK WAY		
1.4 CITY-ST-ZIP	BOCA RATON, FL 33498		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 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.

GNATURE: *Caroline M Kelly* (**CAROLINE M KELLY**) **2-28-97** (561) 833 6120
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr Phone #
 0337665

CR2E034 (9/96)