## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

(0)

1. Corporation Name PINNACLE INVESTMENT PARTNERS, INC.

1	INNACLE HASESTALEAT TAL	ma.							
Principal f	Place of Business	Mailing Address				i iffattiå fil <del>s firti</del> f lists igite (	, 0,		: = : = <b>*</b> :: :==:
201 E	CHARLES GRAY E. PINE STREET. SUITE 1200	% J. CHARLES GRAY 201 E. PINE STREET.		00					
ORLA	ANDO FL 32801	ORLANDO FL 32801				3. Date Incorporated or Qualified 03/16/1987		of Last Re <b>)4/17/1</b> 8	
• Princin	pal Place of Business	2a. Mailing Address				4, FEI Number		<b></b>	pplied For
21	<b>F</b>	26				59 56-2803412			lot Applicable
	Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	3 State	City & State				Election Campaign Financing     Trust Fund Contribution		Added	May Be to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for	intangible ta	x under s	199.032,
24	25	29	30			Florida Statutes		Agent	
	9. Name and Address of Co	urrent Registered Agent		81	Name	IV. Maille and Address of New 1			
GRAY, J. CHARLES				82	-	ess (P.O. Box Number is Not Acceptal	ole)		<u></u>
2	201 E. PINE STREET		ļ	83					
	Suite 12(10) Orlando fl 32801			84	City			85 Z	p Code
	suant to the provisions of Sections 607			-	•		<u> </u>	.	
SIGNATI	Signa une, typed or printed hame of registere			i Agent	t signature recurs	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	ORS IN 12
12.	PD	DELETE	1.1 T	TITLE		·		Change	Addition
NAME	GRAY, JOHN C., JR.		1.2 N	IAME			0.	_	
STREET AD	AND DAVOU DIDOLE		1.3 S	TREET	ADDRESS 4	17 MARSH LAHDIN	1 G U	ς	
CITY-ST-2	DEDADY EL		1.4 C	HTY-5		DEBARY FL 3	<u>a 1 3 </u>	Change	[ ] Addition
TITLE	DVST	☐ DELETE	2 1 TITU 22 NAM				'	onange	
NAME	GRAY J CHARLES				ADDRESS				
STREET AD	ADLANDA EL			CITY-S	Į.				
CITY - ST	ZIP ORLANDO FL	DELETE		TITLE				☐ Change	☐ Addition
NAME		-	321	MAME					
STREET AT	DORESS		3.3	STREE	T ADDRESS				
CITY-ST-					ST-ZIP			Change	Addition
TITLE		☐ DELETE		TITLE					
NAME			1	NAME etecci	T ADDRESS				
STREET AL	ADDRESS				ST ZIP				
CITY-ST-	- ZIP	DELETE		TITLE				☐ Change	Addition
TITLE		_		NAME					
NAME STREET A	ANNRESS		5.3	STREE	T ADORESS				
CITY-ST-			54	CITY-	ST-ZIP			C Chan-	Addition
TITLE	- 411	☐ DELFTE	6 1	TITLE	]			☐ Change	Addition
NAME			6.2	NAME					
STREET A	ADDRESS		6.3	STREE	T ADDRESS				
CITY-ST			6.4	CITY-	SI-ZIP	for the exemption stated in Section 1	19 07(3)(k) F	lorida Stat	tutes. I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 certify that 1 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 B ock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: