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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 02 1997 8:00am

Secretary of State

1997

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| PINNACI   | LE INVESTMENT PARTNERS   | S, INC.   |  |                        |   | )   |
|---|--|---|--|------------------------|---|---|
| Principal Place of Business Mailing Address                             |  |   |  |                        | {   | FIPA BIDIA 90011 BIBLI BIBLI BIBLI BIDIA                        |
| % J. CHARLES GRAY<br>201 E. PINE STREET. SUITE 1200<br>ORLANDO FL 32801 |  | % J. CHARLES GRAY<br>201 E. PINE STREET. SUITE 1200<br>ORLANDO FL 32801-2725                              |  |                        |   |   |
|   |  |   |  |                        | 3. Date Incorporated or Qualified 03/16/1987  | 3a. Date of Last Report<br>04/26/1996                           |
| 2. Principal P  | lace of Business   | 2a. Mailing Address   |  |                        | 4. FEI Number   | Applied For   |
| 21  |  | 26  |  |                        | 59-2803412  | Not Applicable  |
| Suite, Apt. #, etc. Suite. Apt. #,                                      |  | Suite, Apt. #, etc.   | Apt. #, etc.                           |                        | 5. Certificate of Status Desired  | \$8.75 Additional   |
| 22 27   |  | · · · · · · · · · · · · · · · · · · ·   |  |                        | J. Certificate of Status Desired  | Fee Required  |
| City & State  | e  | City & State  |  |                        | 6. Election Campaign Financing  | \$5.00 May Be   |
| 23  |  | 28  | ~~~ <u>~~~~</u>                        |                        | Trust Fund Contribution   | Added to Fees   |
| Zip   | Country  | Z <sub>(p</sub>   | ่ Gountry<br>า                         | •                      | 8. This corporation has liability for in  |   |
| 24  | 25<br>9. Name and Address of Currer  | 29 30   | <u> </u>                               |                        |   | Yes No  |
|   |  | n Registered Agent  | 81                                     | Name                   | 10. Name and Address of New Reg   | distered Agent  |
|   | Y, J. CHARLES  |   | "                                      | Name                   |   |   |
|   | E. PINE STREET   |   | 82                                     | Street Addr            | ress (P.O. Box Number is Not Acceptab   | le)   |
|   | E 1200   |   | 83                                     |                        |   |   |
| ORL   | ANDO FL 32801  |   | 83                                     |                        |   |   |
|   |  |   | 84                                     | City                   |   | B5 Zip Code   |
|   | 1.0  |   |  |                        |   | FL 63 Zip Code  |
| office or r<br>agent. I a   | to the provisions of Sections 607.040 registered agent, or both, in the State im familiar with, and accept the obliging the control of the co | nd 607, 1508, Florida Statules,<br>of Horida. Such change was auth<br>ations of, Section 607,0505, Florid | the above<br>norized by<br>la Statutes | the corporat           | poration submits this statement for the pi<br>lion's board of directors. I hereby accep | urpose of changing its registered the appointment as registered |
| SIGNATURE   | Signature, typed or printed name of registered age   | ad and Ide of contentile (NOV Fe  | opiriumd Apr                           | el construe en sie     | red when reinstaling)   | DATE  |
| 12.   | OFFICERS AN  |   | 13.                                    | and a grianore require | ADDITIONS/CHANGES TO OFFIC  |   |
| TITLE   | PD   | DELETE  | 14 1/H.F                               |                        |   | Change Addition   |
| NAME  | GRAY, JOHN C., JR.   | -   | 1 2 NAME                               |                        |   | , , , , , , , , , , , , , , , , , , ,                           |
| STREET ADDRESS  |  |   | 18 STREET ADDRESS                      |                        |   |   |
| CITY-ST-ZIP   | DEBARY FL  |   | 14 CITY-ST-ZIP                         |                        |   |   |
| TITLE   | DVST   | ☐ DELETE  | 21 TITLE                               |                        |   | Change Addition   |
| NAME  | GRAY J CHARLES   |   | 2 NAME                                 |                        |   |   |
| STREET ADDRESS  |  |   | 2 B STREET                             | ADDRESS                |   |   |
| CITY-ST-ZIP   | Ami 4100 Ami   |   | 2 4 CITY-9                             | ST - <b>Z</b> IP       |   |   |
| TITLE   |  | ☐ DELETE  | 31 TITLE                               |                        |   | Change Addition   |
| NAME  | 321  |   | 3.P NAME                               |                        |   |   |
| STREET ADDRESS  | KESS 3.B   |   | 3.B STREET                             | ADDRESS                |   |   |
| CITY-ST-ZIP   |  |   | 3 #. CITY - S                          | ST - ZIP               |   |   |
| TITLE   |  |   | 4.1 TITLE                              |                        |   | Change Addition   |
| NAME  |  |   | 4. 2 NAME                              |                        |   |   |
| STREET ADDRESS  |  |   | 4.B STREET                             | ADDRESS                |   |   |
| CITY-ST-ZIP   |  |   | 4.4 CITY - S                           | T-21P                  |   |   |
| TITLE   | ☐ DELETE 5.1   |   | 5.1 THLE                               |                        |   | ☐ Change ☐ Addition   |
| NAME  |  |   | 5.P NAME                               |                        |   |   |
| STREET ADDRESS  |  |   | 5.B STREET                             | ADDRESS                |   |   |
| CITY-ST-ZIP   |  |   | 5.4 CITY-S                             | T - 7IP                |   |   |
| TITLE   | ☐ DELETE 6.  |   | 6.4 TITLE                              |                        |   | Change Addition   |
| NAME  |  |   | 6.P NAME                               |                        |   |   |
| STREET ADDRESS  |  |   | 6.B STREET                             | ADDRESS                |   |   |
| CITY CT 740   |  |   | CHOITY C                               | 1 710                  |   |   |

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.