## 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 # M45283** 

(2)

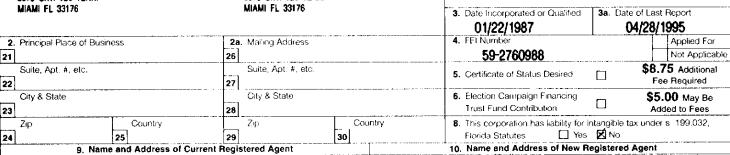
PINNACLE WOOD DESIGN, INC.

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ncipal Place of Business	Mailing Addres

C/O H. ROGER HANNA 8875 S.W. 129 TERR. MIAMI FL 33176

Pr

C/O H. ROGER HANNA 8875 S.W. 129 TERR.



HANNA, H. ROGER 8875 S.W. 129 TERR. MIAMI FL 33176

31	10. Name and Address of New Registered Agent Name
2	Street Address (P.O. Box Number is Not Acceptable)
- 1	
33	

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. Thereby accept the appointment as registered agent. Fam
	familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DU NO.  Signature specific contest can a consequence agent and the mappinates to the property specific respect when the contesting.  14 12 96						
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1 1 1 HLF	Change Add		
NAME	HANNA, H. ROGER		1.2 NAME			
STREET ADDRESS	8875 S.W. 129 TERR.		1.3 STREET ADDRESS			
CITY-S1-2IF	MIAMI FL		1.4 CITY - ST- ZIP			
TITLE	ST	DELETE	2 1 TITLE	Change Add		
NAME	HANNA, LYNDA N		2 2 NAME			
STREET ADDRESS	8875 S.W. 129 TERR.		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3 1 T-TLF	☐ Change ☐ Ado		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			34 CITY ST-ZP			
TITLE		DELETE	4 1 TITLE	☐ Change ☐ Ado		
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4 CITY-ST ZIP			
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NAME			5.2 NAME			
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CITY-ST-ZIP			5 4 CITY - ST - ZIF			
TITLE		☐ DELFTE	6 1 THEF	☐ Change ☐ Add		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
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14. I do hereby certify that the information supplied with this fling 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 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 (305)251-9668

CR2F034 (12/95)