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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M45283

(2)

PINNACLE WOOD DESIGN, INC.

FILED
May 09 1997 8:00am
Secretary of State



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incipa' Plac	ce of Business	Mailing Address			, , , , , , , , , , , , , , , , , , , ,	474.7 5.67. 5		
C/O H. ROGER HANNA 8875 S.W. 129 TERR.			C/O H. ROGER HANNA 8875 S.W. 129 TERR.					
AMI FL 331		MIAMI FL 33176-59		3. Date Incorporated or Qualified 01/22/1987 04/16/1996		leport		
Principal F	Place of Business	2a, Mailing Addres	ss		4. FEI Number			oplied For
r i i i i i i i i i i i i i i i i i i i	Tayle Cir From Toyle	26			59-2760988			ot Applicab
Suite, Apt	#, elc	Suite, Apt. #, e	etc.					Additional
. ,		27			5. Certificate of Status Desired			equired
City & Sta	le	City & State			6. Election Campaign Financing		\$5.00	May Be
		28			Trust Fund Contribution			to Fees
$Z \varphi$	Country	Zip	c	country	8. This corporation has liability fo	rintangible	tax under s	. 199.032
	25	29	30			Yes		
		Current Registered Agent			10. Name and Address of New F	egistered .	Agent	
	nna, H. Roger			81 Name				
	75 S.W. 129 TERR.			B2 Street Add	lress (P.O. Box Number is Not Accepta	ble)		
MLA	AMI FL 33176						····	
				83				
				84 City			BE 700	Code
				Gilly Cilly		FL	85 Zip	COUG
	to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the Sun familiar with a registerness of the							
NATURE	Styracture, type d or printed name of requ	istered agent and title if applicable	(NOTE: Registe	ered Agent signature requ	lifed when reinstating)	DATE		
NATURE	Styracture, type d or printed name of requ		(NOTE: Registe	ered Agent signature requ		DATE		RS IN 12
ANATURE	Signature: typed or philled have of regi	istered agent and tick if applicable FRS AND DIRECTORS	(NOTE: Registe	ered Agent signature requ 3.	lifed when reinstating)	DATE	DIRECTOR	RS IN 12
GNATURE	Sign rate typed of patient name of rog OFFICE PO HANNA, H. ROGER 8875 S.W. 129 TERR.	istered agent and tick if applicable FRS AND DIRECTORS	(NOTE: Registe 1: ETE 1.1	erad Agent signature requ 3.	lifed when reinstating)	DATE	DIRECTOR	RS IN 12
SNATURE	Sign rate type d or printed havie of region OFF ICE PO	istered agent and tick if applicable FRS AND DIRECTORS	(NOTE: Registate 1.1	ered Agent signature requ 3. 1 TITLE 2 NAME	lifed when reinstating)	DATE	DIRECTOR	RS IN 12
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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.

SIGNATURE:

IGNATOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 305 251-9468

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