FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000078993 (1)**

1. Corporation Name
PINNACLE PUBLICATIONS, INC.

Principal Place of Business	Mailing Address
3438 MAGGIE BLVD ORLANDO FL 32811	3438 MAGGIE BLVD ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/08/1993
3a. Date of Last Report: 05/10/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 59-3210048 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BUTT, WARREN P
3438 MAGGIE BLVD
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name: Ryan, Marguerite M.
82 Street Address (P.O. Box Number is Not Acceptable): 2421 Curry Ford Rd.
83:
84 City: Orlando **FL** 85 Zip Code: 32806

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: Marguerite M. Ryan — 4/10/95
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D/P/M	☒ Change ☐ Addition
NAME	BUTT, WARREN P	1.2 NAME		
STREET ADDRESS	5288 KALEY AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32812	1.4 CITY-ST-ZIP	32806	
TITLE	D	2.1 TITLE	D/C	☒ Change ☐ Addition
NAME	BRIDGES, WARREN	2.2 NAME		
STREET ADDRESS	5262 HOPERITA ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32812	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	D/VP	☐ Change ☒ Addition
NAME		3.2 NAME	Bridges, Catherine	
STREET ADDRESS		3.3 STREET ADDRESS	5262 Hoperita St.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, FL 32812	
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	Butt, Margie	
STREET ADDRESS		4.3 STREET ADDRESS	5288 Kaley Ave	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando, FL 32806	
TITLE		5.1 TITLE	T	☐ Change ☒ Addition
NAME		5.2 NAME	Ryan, Marguerite	
STREET ADDRESS		5.3 STREET ADDRESS	3438 Maggie Blvd.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32811	
TITLE		6.1 TITLE	S	☐ Change ☒ Addition
NAME		6.2 NAME	Snyder, Angela	
STREET ADDRESS		6.3 STREET ADDRESS	3438 Maggie Blvd.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Orlando, FL 32811	

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)(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: Angela K Snyder Angela K. Snyder 4/10/95 (407)282-2543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000037 CP