## 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

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DOCUMENT # P9500034793 (6) PINNACLE HOMES OF SOUTH FLORIDA, INC.									
FININ	AULE HUMES OF SOUT	n FLORIDA, INC.							
Principal Place	of Business	Mailing Address				i ireijeen ine isioji eliin eerin			
5862 NW 48 CT CORAL SPRINGS FL 33067		5862 NW 48 CT CORAL SPRINGS FI	5862 NW 48 CT CORAL SPRINGS FL 33067						
					3.	Date Incorporated or Qualified 05/03/1995	3a. Date 5-3-5	of Last Re	eport
<ol> <li>Principal Pla</li> </ol>	ace of Business	2a. Mailing Address 26			4.	FEI Number 45-0578	457	<b>├</b>	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired	<b>N</b>	\$8.75	Additional
City & State	City & State City & State				6.	Election Campaign Financing			Required  May Be
3		28				Trust Fund Contribution			d to Fees
Zip 24	Country 25	Zıp <b>29</b>	Country 30			This corporation has liability fo Florida Statutes		ıx under s	199.032,
	9. Name and Address of Cur	rent Registered Agent	81	Name	10.	Name and Address of New	Registered	Agent	
AVITAE	BLE, JOHN M		82		A.d /D./	D. Boy Number in Not Assente	(LL)		
5862 NW 48 CT				Street Address (P.O. Box Number is Not Acceptable)					
CORAL	L SPRINGS FL 33067		83						
			84	City			FL	85 Zıç	p Code
11. Pursuant to	o the provisions of Sections 607.08 ed agent, or both, in the State of Flagrand accept the obligations of S	502 and 607.1508, Florida Statut	es, the above-r	amed co	rporation su	bmits this statement for the pa	irpose of cha	anging its r	egistered office
familiar with	h, and accept the obligations of, S	ection 607.0505, Florida Statutes	i.	JIANOTTST	Doard or din	ectors. Thereby accept the ap	xointment as	registered	agent. 1 am
12.	Signature, typed or printed name of registered a	gent and title II applicable (NC AND DIRECTORS	TE: Registered Agen	l signature re			DATE		
TOTLE .	DP	DELETE	13. 1. 1 TITLE	1	/	ADDITIONS/CHANGES TO OF		DIRECTO  Change	PRS IN 12
NAME 3	AVITABLE, JOHN M		1.2 NAME				_	<b>_</b>	
STHEET ADDRESS	5862 NW 48 CT		1.3 STREET	ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL 330		1.4 CITY - S	T-ZIP	ola				
TITLE NAME		☐ DELETE	2 17171.6		OPISE	e.	Ĺ	Change	Addition
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TITLE		☐ DELETE	3 1 TITLE		TID	COPITIVES THOU	[	Change	Addition
NAME			32 NAME	/	AUTAbl	e, LeoAl M.,			
STREET ADDRESS			3 3. STREET	ADDRESS	10704	Wiles MOHO	,		
CITY-ST-7IP		E DELETE	3.4 CITY-S	r - ZIP	CorAl	springs Florida	<u>4330</u>	76	
THILE		☐ DELETE	4. 1 11TLE				-	Change	Addition
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CITY-SI-ZIP			4.3 STREET			***8.75	กลงกเ	JS	
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NAME			5.2 NAME	-			_		
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CITY - ST - ZIP			5.4 CITY - S	- ZIP		4000018: 		3€7— <b>(</b> ⊃.4	1/
TITLE		☐ DELETE	6.1 TITLE			***200.00	~/\ 5	JY WE	Addition
NAME			6.2 NAME					1	1
STREET ADORESS			63 STREET				`	71	<b>-</b>
CITY-ST-ZIP 14. I do hereby	certify that the information supplie	d with this filing is voluntarily furn	64 CiTY-St ished and does	not quali	ify for the a	remotion stated in Section 110	OZIZVEL EL	ridd Cross	on I further
certity that	the information indicated on this ar am an officer or director of the co- Block 12 or Block 13 changed of	Muai renort or supplemental anni	rai renort is tru	a and acc	rurata and ti	hat mu cionaturo chall have the	a nama lagal .	affaat aa if	mode under

**SIGNATURE:** 

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)341-3737 Dayline Phone #