

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000034793 (6)

1. Corporation Name

PINNACLE HOMES OF SOUTH FLORIDA, INC.

Principal Place of Business

5862 NW 48 CT  
CORAL SPRINGS FL 33067

Mailing Address

5862 NW 48 CT  
CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1995

4. FEI Number

65-0578457

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☒ No

2. Principal Place of Business

21 10704 Wiles Road

Suite, Apt. #, etc.

22

City & State

23 Coral Springs FL

Zip

24 33076

Country

2a. Mailing Address

26 10704 Wiles Road

Suite, Apt. #, etc.

27

City & State

28 Coral Springs FL

Zip

29 33076

Country

30

9. Name and Address of Current Registered Agent

AVITABLE, JOHN M  
5862 NW 48 CT  
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name

MARK Prezzemolo

82 Street Address (P.O. Box Number is Not Acceptable)

10704 Wiles Road

83

84 City

Coral Springs

FL

85 Zip Code

33076

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

4/20/98

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME AVITABLE, JOHN M  
STREET ADDRESS 5862 NW 48 CT  
CITY-ST-ZIP CORAL SPRINGS FL 33067 ☒ DELETE

TITLE VPS  
NAME PREZZEMOLO, MARK  
STREET ADDRESS 2000 OAKMONT TERRACE  
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ DELETE

TITLE TD  
NAME AVITABLE, LEON M  
STREET ADDRESS 1704 WILES RD  
CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT, TREASURER ☒ Change ☐ Addition  
1.2 NAME AVITABLE, LEON M  
1.3 STREET ADDRESS 5001 N.W. 183 LANE  
1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33067

2.1 TITLE VPS ☒ Change ☐ Addition  
2.2 NAME PREZZEMOLO, MARK  
2.3 STREET ADDRESS 11873 N.W. 12th DRIVE  
2.4 CITY-ST-ZIP CORAL SPRINGS, FL 33071

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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.

CP2E034 (10/97)