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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90009 036 ***158.75

DOCUMENT # P9500034793

1. Corporation Name

PINNACLE HOMES OF SOUTH FLORIDA, INC.

Principal Place	e of Business	Mailing Address				IN ILII TRAI
10704 WILES RO	DAD	10704 WILES ROAD				
CORAL SPRINGS		CORAL SPRINGS FL 33076		DO NOT M	VRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualif		······
				05/03/1995		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applie	ed For
21		26		65-0578457	Not A	pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · ·	5. Certifcate of Status Desired	\$8.75 Add	
22		27			ree Requi	
City & State	• • • • • • • • • • • • • • • • • • • •	City & State		6. Election Campaign Financia Trust Fund Contribution	ng S5.00 Ma	, ,
Zîp	Country	28	Country	8. This corporation owes the		
24	25	- -	30	Personal Property Tax.		No
24	9. Name and Address of Curren	<u> </u>		10. Name and Address of Ne	w Registered Agent	
			81 Name C	DREZZEMOLO	MARK	
	ZZE N OLO, MARK			dress (P.O. Box Number is Not Acc	eptable)	
	4 WILES ROAD				·	
·· COR/	AL SPRINGS FL 33076		83			
			84 City	, <u>, , , , , , , , , , , , , , , , , , </u>	FL 85 Zip Cod	ie
			1 1			
11 Pursuant t	to the provisions of Sections 607.050	2 and 607,1508, Florida Statute	s, the above-named cor	rporation submits this statement for	the purpose of changing its reg	gistered
11. Pursuant t	to the provisions of Sections 607.050; egistered agent, or both, in the State-	2 and 607.1508, Florida Statute of Florida. Such change was au tions of Section 607.0505, Flori	s, the above-named con thorized by the corporal ida Statutes.	rporation submits this statement for tion's board of directors. I hereby ac	the purpose of changing its rec eccept the appointment as regist	gistered tered
office or re agent. I ar	to the provisions of Sections 607.050: egistered agent, or both, in the State in familiar with, and accept the obligat	2 and 607.1508, Florida Statute of Florida. Such change was au tions of, Section 607.0505, Flori	es, the above-named cor thorized by the corporation Statutes.	rporation submits this statement for tion's board of directors. I hereby ac	the purpose of changing its recovery the appointment as regist $4/8/99$	gistered tered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State- m familiar with, and accept the obligat Signature, typed or printed name of registered egen	of Florida. Such change was au tions of, Section 607.0505, Flori at and title if applicable. (NOTE: I	es, the above-named con thorized by the corporal ida Statutes. Registered Agent signature requi	tion's board of directors. I hereby at	H/9/99 DATE	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State- m familiar with, and accept the obligat Signature, typed or printed name of registered agen	of Florida. Such change was au tions of, Section 607.0505, Flori and title if applicable. (NOTE: ID DIRECTORS	ithorized by the corporal ida Statutes. Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AND DIRECTORS	IN 12
office or reagent. I are SIGNATURE 12.	egistered agent, or both, in the State- m familiar with, and accept the obligat Stenature, typed or printed name of registered agen OFFICERS AN	of Florida. Such change was au tions of, Section 607.0505, Flori at and title if applicable. (NOTE: I	rithorized by the corporal ida Statutes. Registered Agent signature requi	tion's board of directors. I hereby at	DATE OFFICERS AND DIRECTORS	
office or reagent. I an SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State- m familiar with, and accept the obligat Signature typed or printed name of registering agen OFFICERS AN VPT AVITABLE, LEON N.	of Florida. Such change was au tions of, Section 607.0505, Flori and title if applicable. (NOTE: ID DIRECTORS	rhorized by the corporal ida Statutes. Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AND DIRECTORS	IN 12
office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State- m familiar with, and accept the obligat Stenature typed or printed name of registering agen OFFICERS AN VPT AVITABLE, LEON N. 5001 NW 83 LANE	of Florida. Such change was au tions of, Section 607.0505, Flori and title if applicable. (NOTE: ID DIRECTORS	Indicated by the corporal ida Statutes. Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AND DIRECTORS	IN 12
office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State- in familiar with, and accept the obligat Signature, typed or printed name of reductions agen OFFICERS AN VPT AVITABLE, LEON N. 5001 NW 83 LANE CORAL SPRINGS FL 33067	of Florida. Such change was au titions of, Section 607.0505, Floridations of the floridation of the floridat	registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS	IN 12
office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State- in familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN VPT AVITABLE, LEON N. 5001 NW 83 LANE CORAL SPRINGS FL 33067 VPS	of Florida. Such change was au tions of, Section 607.0505, Flori and title if applicable. (NOTE: ID DIRECTORS	Indicated by the corporal ida Statutes. Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating) ADDITIONS/CHANGES TO ADVITAGE AVITAGE AV	DATE OFFICERS AND DIRECTORS ASUS Change	B IN 12 ☐ Addition
office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State- m familiar with, and accept the obligat Signature typed or printed name of registered agen OFFICERS AN VPT AVITABLE, LEON N. 5001 NW 83 LANE CORAL SPRINGS FL 33067 VPS PREZZEMOLO, MARK	of Florida. Such change was au titions of, Section 607.0505, Floridations of the floridation of the floridat	Indicated by the corporal ida Statutes. Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating) ADDITIONS/CHANGES TO ADVITAGE AVITAGE AV	DATE OFFICERS AND DIRECTORS ASUS Change	B IN 12 ☐ Addition
office or reagent. I ar agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State- m familiar with, and accept the obligate Signature, typed or printed name of registered agen OFFICERS AN VPT AVITABLE, LEON N. 5001 NW 83 LANE CORAL SPRINGS FL 33067 VPS PREZZEMOLO, MARK 11873 NW 12TH DR	of Florida. Such change was au titions of, Section 607.0505, Floridations of the floridation of the floridat	Indicated by the corporal ida Statutes. Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating) ADDITIONS/CHANGES TO ADVITAGE AVITAGE AV	DATE OFFICERS AND DIRECTORS ASUS Change	B IN 12 ☐ Addition
office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State- m familiar with, and accept the obligat Signature typed or printed name of registered agen OFFICERS AN VPT AVITABLE, LEON N. 5001 NW 83 LANE CORAL SPRINGS FL 33067 VPS PREZZEMOLO, MARK	of Florida. Such change was au titions of, Section 607.0505, Floridations of the floridation of the floridat	Indicated by the corporal ida Statutes. Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS ABLE Schange Change Change Change Change	B IN 12 ☐ Addition
office or re agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN VPT AVITABLE, LEON N. 5001 NW 83 LANE CORAL SPRINGS FL 33067 VPS PREZZEMOLO, MARK 11873 NW 12TH DR CORAL SPRINGS FL 33071 TD	of Florida. Such change was au tions of, Section 607.0505, Flori at and title if applicable. (NOTE: I D DIRECTORS DELETE	Indicated by the corporal ida Statutes. Registered Agent signature required as a second sign	red when reinstating) ADDITIONS/CHANGES TO ADVITAGE AVITAGE AV	OFFICERS AND DIRECTORS ABLE Schange Change Change Change Change	BIN 12 Addition
office or reagent. I ar agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State- m familiar with, and accept the obligate Signature, typed or printed name of registered agen OFFICERS AN VPT AVITABLE, LEON N. 5001 NW 83 LANE CORAL SPRINGS FL 33067 VPS PREZZEMOLO, MARK 11873 NW 12TH DR CORAL SPRINGS FL 33071	of Florida. Such change was au tions of, Section 607.0505, Flori at and title if applicable. (NOTE: I D DIRECTORS DELETE	rithorized by the corporal ida Statutes. Registered Agent signature required in the signature in the sig	red when reinstating) ADDITIONS/CHANGES TO ADVITAGE AVITAGE AV	OFFICERS AND DIRECTORS ABLE Schange Change Change Change Change	BIN 12 Addition
office or reagent. I ar agent. I ar agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the State m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN VPT AVITABLE, LEON N. 5001 NW 83 LANE CORAL SPRINGS FL 33067 VPS PREZZEMOLO, MARK 11873 NW 12TH DR CORAL SPRINGS FL 33071 TD AVITABLE, LEON M	of Florida. Such change was autions of, Section 607.0505, Floridation of, Section 607.0505, Floridation of the first supplicable. (NOTE: ID DIRECTORS DELETE	Interced by the corporal ida Statutes. Registered Agent signature required in the signature in t	red when reinstating) ADDITIONS/CHANGES TO ADVITAGE AVITAGE AV	OFFICERS AND DIRECTORS ABLE Change Change Change	Addition Addition
office or reagent. I ar agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN VPT AVITABLE, LEON N. 5001 NW 83 LANE CORAL SPRINGS FL 33067 VPS PREZZEMOLO, MARK 11873 NW 12TH DR CORAL SPRINGS FL 33071 TD AVITABLE, LEON M 1704 WILES RD	of Florida. Such change was au tions of, Section 607.0505, Flori at and title if applicable. (NOTE: I D DIRECTORS DELETE	Interced by the corporal ida Statutes. Registered Agent signature required in the signature in t	red when reinstating) ADDITIONS/CHANGES TO ADVITAGE AVITAGE AV	OFFICERS AND DIRECTORS ABUS Change Change Change	BIN 12 Addition
office or reagent. I ar agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN VPT AVITABLE, LEON N. 5001 NW 83 LANE CORAL SPRINGS FL 33067 VPS PREZZEMOLO, MARK 11873 NW 12TH DR CORAL SPRINGS FL 33071 TD AVITABLE, LEON M 1704 WILES RD	of Florida. Such change was autions of, Section 607.0505, Floridation of, Section 607.0505, Floridation of the first supplicable. (NOTE: ID DIRECTORS DELETE	Indicated by the corporal ida Statutes. Registered Agent signature required at 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO ADVITAGE AVITAGE AV	OFFICERS AND DIRECTORS ABLE Change Change Change	Addition Addition
office or reagent. I ar agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TABLE TABLE TABLE TITLE TITLE TITLE TITLE TITLE	egistered agent, or both, in the State m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN VPT AVITABLE, LEON N. 5001 NW 83 LANE CORAL SPRINGS FL 33067 VPS PREZZEMOLO, MARK 11873 NW 12TH DR CORAL SPRINGS FL 33071 TD AVITABLE, LEON M 1704 WILES RD	of Florida. Such change was autions of, Section 607.0505, Floridation of, Section 607.0505, Floridation of the first supplicable. (NOTE: ID DIRECTORS DELETE	Indicated by the corporal ida Statutes. Registered Agent signature required at 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	red when reinstating) ADDITIONS/CHANGES TO ADVITAGE AVITAGE AV	OFFICERS AND DIRECTORS ABLE Change Change Change	Addition Addition
office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN VPT AVITABLE, LEON N. 5001 NW 83 LANE CORAL SPRINGS FL 33067 VPS PREZZEMOLO, MARK 11873 NW 12TH DR CORAL SPRINGS FL 33071 TD AVITABLE, LEON M 1704 WILES RD	of Florida. Such change was autions of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.0505, Floridation of, Section 607	Indicated by the corporal idal Statutes. Registered Agent signature requited 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO ADVITAGE AVITAGE AV	DATE OFFICERS AND DIRECTORS ABLE Change Change Change	Addition Addition
office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN VPT AVITABLE, LEON N. 5001 NW 83 LANE CORAL SPRINGS FL 33067 VPS PREZZEMOLO, MARK 11873 NW 12TH DR CORAL SPRINGS FL 33071 TD AVITABLE, LEON M 1704 WILES RD	of Florida. Such change was autions of, Section 607.0505, Floridation of, Section 607.0505, Floridation of the first supplicable. (NOTE: ID DIRECTORS DELETE	Indicated by the corporal ida Statutes. Registered Agent signature required at 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	red when reinstating) ADDITIONS/CHANGES TO ADVITAGE AVITAGE AV	OFFICERS AND DIRECTORS ABLE Change Change Change	Addition Addition
office or re agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN VPT AVITABLE, LEON N. 5001 NW 83 LANE CORAL SPRINGS FL 33067 VPS PREZZEMOLO, MARK 11873 NW 12TH DR CORAL SPRINGS FL 33071 TD AVITABLE, LEON M 1704 WILES RD	of Florida. Such change was autions of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.0505, Floridation of, Section 607	Interced by the corporal idal Statutes. Registered Agent signature required at 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	red when reinstating) ADDITIONS/CHANGES TO ADVITAGE AVITAGE AV	DATE OFFICERS AND DIRECTORS ABLE Change Change Change	Addition Addition
office or re agent. I ar SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN VPT AVITABLE, LEON N. 5001 NW 83 LANE CORAL SPRINGS FL 33067 VPS PREZZEMOLO, MARK 11873 NW 12TH DR CORAL SPRINGS FL 33071 TD AVITABLE, LEON M 1704 WILES RD	of Florida. Such change was autions of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.0505, Floridation of, Section 607	Indicated by the corporal idea Statutes. Registered Agent signature required at 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 STREET ADDRESS 5.5 STREET ADDRESS	red when reinstating) ADDITIONS/CHANGES TO ADVITAGE AVITAGE AV	OFFICERS AND DIRECTORS ABLE Change Change Change	Addition Addition
office or re agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN VPT AVITABLE, LEON N. 5001 NW 83 LANE CORAL SPRINGS FL 33067 VPS PREZZEMOLO, MARK 11873 NW 12TH DR CORAL SPRINGS FL 33071 TD AVITABLE, LEON M 1704 WILES RD	of Florida. Such change was autions of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.0505, Floridation of, Section 607	Interced by the corporal idal Statutes. Registered Agent signature required at 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	red when reinstating) ADDITIONS/CHANGES TO ADVITAGE AVITAGE AV	DATE OFFICERS AND DIRECTORS ABLE Change Change Change Change	Addition Addition

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 5

STREET ADDRESS

CITY-ST-ZIP

SIUIRED TEN NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #