

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000042540 (1)

1. Corporation Name:

PINNACLE AUCTION, INC.



Principal Place of Business

Mailing Address

1890 COUNTY ROAD 308
CRESCENT CITY FL 32112

P.O. BOX 64
CRESCENT CITY FL 32112

3. Date Incorporated or Qualified: 05/25/1995
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 P.O. DRAWER 830

22 City & State

27 City & State: EAST PALATKA, FL

23 Zip

Country

28 Zip

Country

24

25

29 32131

30 POTOMAC

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRAKES, JOSEPH
1890 COUNTY ROAD 308
CRESCENT CITY FL 32112

81 Name: EDWARD L BROOKS
82 Street Address (P.O. Box Number is Not Acceptable): 2620 HIGHWAY 175 - BUILDING B
83
84 City: CRESCENT CITY FL 85 Zip Code: 32112

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

X *Edward L. Brooks, Vice President*

6/19/96

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: PRESIDENT
NAME: EDWARD L BROOKS, PRES
STREET ADDRESS: 2620 HIGHWAY 175 - BUILDING B
CITY-ST-ZIP: CRESCENT CITY FL 32112

TITLE: VICE PRESIDENT
NAME: EDWARD L BROOKS
STREET ADDRESS: 2620 HIGHWAY 175 - BUILDING B
CITY-ST-ZIP: CRESCENT CITY FL 32112

TITLE: SECRETARY
NAME: JOSEPH FRAKES
STREET ADDRESS: 1890 COUNTY ROAD 308
CITY-ST-ZIP: CRESCENT CITY FL 32112

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11 TITLE: [] Change [] Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:

21 TITLE: [] Change [] Addition
22 NAME:
23 STREET ADDRESS:
24 CITY-ST-ZIP:

31 TITLE: [] Change [] Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP:

41 TITLE: [] Change [] Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-ST-ZIP:

51 TITLE: [] Change [] Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-ST-ZIP:

61 TITLE: [] Change [] Addition
62 NAME:
63 STREET ADDRESS:
64 CITY-ST-ZIP:

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)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

X *Edward L. Brooks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/96

904-328-1937

DATE

PHONE NUMBER

CR2E034 (3/96)