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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000042540 (1)

1. Corporation Name
PINNACLE AUCTION, INC.

Principal Place of Business
1890 COUNTY ROAD 308
CRESCENT CITY FL 32112

Mailing Address
PO BOX 650
EAST PALATKA FL 32131-0650
US



2. Principal Place of Business

21 2620 Hwy 17 South

Suite, Apt. #, etc.

22 Building B

City & State

23 Crescent City, Florida

Zip

Country

24 32112

25 US

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BROOKS, EDWARD L
2620 HIGHWAY 175-BUILDING B
CRESCENT CITY FL 32112

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BROOKS, EDWARD L	
STREET ADDRESS	2620 HIGHWAY 175-BLDG B	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BROOKS, DOLORES S	
STREET ADDRESS	2620 HIGHWAY 175-BLDG B	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FRAKES, JOSEPH	
STREET ADDRESS	1890 COUNTY ROAD 308	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brooks, Dolores S.	
1.3 STREET ADDRESS	2620 Hwy 17 South, Bldg. B	
1.4 CITY-ST-ZIP	Crescent City, FL 32112	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brooks, Edward L.	
2.3 STREET ADDRESS	2620 Hwy 17 South, Bldg. B	
2.4 CITY-ST-ZIP	Crescent City, FL 32112	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Dolores S. Brooks* *Dolores S. Brooks* 4/1/97 904-328-1877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)