SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # P95000072032 (2)

PINNACLE SPORTS MANAGEMENT OF FLORIDA, INC.

Principal Place of Business					M	Mailing Address				-		1) B\$111 188()	. 11011		191 (991	
2020 CORONET LANE						2020 CORONET LANE				i						
CLEARWATER FL 34624					C	CLEARWATER FL 34624					DO NOT WRITE IN THIS SPACE					
										F	3. Date Incorporated or Qualified 3a. Date of Last Report					
										1	09/14/1995		/01/199			1
2. Principal Place of Business						2a. Mailing Address					4. FEI Number		10 1/ 100		lied For	
21					<u> </u>	26					59-3344538 Not Applied					╣ .
=:-	Suite, Apt. #, etc.					Suite, Apt. #, etc.							\$8.7	4	ditional	4
22					27	}- ₁					5. Certificate of Status Desired			e Req		
Г	City & State				City & State					6. Election Campaign Financing		\$5	<u> </u>	lay Be		
23]				28						Trust Fund Contribution			led to		1
]	Zip			Country		Zip	Cc	untry			8. This corporation owes or has pa	aid the cu	rrent yea	r Intar	ngible	7
24]		25		29		30			i	Personal Property Tax due June	30. I	Yes Yes		No	
9. Name and Address of Current Registered Agent								1			10. Name and Address of New Re	glatered	Agent			
HAMILTON, HOWARD G									Name							
332 S GULFVIEW BLVD							82 Street Ad			ddroc	s (P.O. Box Number is Not Acceptal					-
CLEARWATER FL 34630									Oncern	ouics.	s (1.0. Box Harrison is Hot Acceptan	10)				
																7
													11			4
								84	City			FL	85	Zip Co	oge	
11	1. Pürsuant i	to the provis	ions	of Sections 607.050	02 and (607.1508, Florida Statul	above	e-named c	corpora	ation submits this statement for the	ourpose o	f changir	ng its	registered	d.	
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 registe agent, I am familial with, and accept the obligations of, Section 607.0505; Florida Statutes.														gistered		
11 -1 / 11 - 1 / 12 - 1																
SIGNATURE Stormure, typod or philliod harve of registered agent and title if applicable (NOTE Registere									nil signature re	equired v		DATE	<u>, , , , , , , , , , , , , , , , , , , </u>			
12	2.			OFFICERS AN	ID DIRE		13.				ADDITIONS/CHANGES TO OFFI	CERS ANI			IN 12	
10	TLE	PD		_		DELETE	1.13	TITLE					☐ Chan	ge	Addition	\$
N/	AME	HAMILTO					1.2 /	NAME								3
STREET ADDRESS 2020 CORONET LANE						1.			ADDRESS	DDAESS						آل
CITY-ST-ZIP CLEARWATER FL 34624								CITY-S	T-ZIP							լջ
Til	TLE	VD				☐ DELETE	2.1	TITLE					☐ Chan	ge	Addition Addition	٦٢
NAME HAMILTON, HOWARD G						22 N										
STREET ADDRESS 2020 CORONET LANE							STAEET	ADDRESS								
CHY-ST-ZIP CLEARWATER FL 34624							CITY-S	ST-ZIP								
	TLE	STD				DELETE	3.1 1	• • • •					Chan	ge	Addition	
N/	AME)	HAMILTO	N, S	HERYL D			3.2	NAME								
ST	TREET ADDRESS	2020 CO					3.3	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 I am an officer or director of the corporation or the receiver or fustor empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13)1 changed or on a flacing entire with an address. port or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that ration or the receiver or justed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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NAMÉ

TITLE

NAME

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NAME

CLEARWATER FL 34624

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

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FILED

Aug 12 1997 8:00am

Secretary of State

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