Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90002 020 ***150.00

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

DOCUMENT # P96000019648 1. Corporation Name

PINNACLE MARKETING & PROPERTIES, INC.

Mailing Address

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Principal Place of Business 7227 MONTRICO DRIVE 7227 MONTRICO DRIVE **BOCA RATON FL 33433 BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/01/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 65-0654033 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Zip Country Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KATZ. HELENE Street Address (P.O. Box Number is Not Acceptable) 82 7227 MONTRICO DRIVE **BOCA RATON FL 33433** 83 Zip Code 84 City 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 familian with, and accept the obligations of, Section 697.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition ☐ DELETE 1.1 TITLE TITLE 1.2 NAME KATZ, HELENE NAME 1.3 STREET ADDRESS 7227 MONTRICO DRIVE STREET ADDRESS **BOCA RATON FL 33433-6931** 1.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIF CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 5.1 TITLE 5.2 NAME ٠.,٠ NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 pring a statement with an address, with all effect like empowered.

CITY-ST-ZIP

ICER OR DIRECTOR