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Apr 08 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 # P96000032315 (9) 1. Corporation Name Pinnacle Real Estate Corp.					
Principal Place of Business			Mailing Address		
2. Principal Place of Business 21 2500 Hollywood Blvd. Suite/Apt. #, etc. #212 City & State 23 Hollywood, Fl. Zip Country 24 33020 25 Broward		26. Mailing Address 26 2500 Hollywood Blvd. Suite/Apt. #, etc. #212 City & State 28 Hollywood, Fl. Zip Country 29 33020 30 Broward		3. Date Incorporated or Qualified 04/12/1996 3a. Date of Last Report 04/12/1996 4. FEI Number 65-0660121 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
			81 Name ROSS H. MANELLA ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 2500 Hollywood, Blvd. 83 Suite #212 84 City Hollywood FL 85 Zip Code 33030		
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: <u>Ross Manella</u> 3/3/97 Signature typed or printed name of registered agent and filed if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE NAME STREET ADDRESS CITY- ST- ZIP 12 TITLE NAME STREET ADDRESS CITY- ST- ZIP 13 TITLE NAME STREET ADDRESS CITY- ST- ZIP 14 TITLE NAME STREET ADDRESS CITY- ST- ZIP 15 TITLE NAME STREET ADDRESS CITY- ST- ZIP 16 TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPST Ellner, Marcus ☐ DELETE ☐ DELETE ☐ DELETE ☐ DELETE ☐ DELETE		17 TITLE NAME 18 STREET ADDRESS 2500 Hollywood Blvd. Hollywood, Fl. 33020 19 CITY- ST- ZIP 20 TITLE NAME 21 STREET ADDRESS 22 CITY- ST- ZIP 23 TITLE NAME 24 STREET ADDRESS 25 CITY- ST- ZIP 26 TITLE NAME 27 STREET ADDRESS 28 CITY- ST- ZIP 29 TITLE NAME 30 STREET ADDRESS 31 CITY- ST- ZIP 32 TITLE NAME 33 STREET ADDRESS 34 CITY- ST- ZIP 35 TITLE NAME 36 STREET ADDRESS 37 CITY- ST- ZIP 38 TITLE NAME 39 STREET ADDRESS 40 CITY- ST- ZIP		
			41 TITLE NAME 42 STREET ADDRESS 43 CITY- ST- ZIP 44 TITLE NAME 45 STREET ADDRESS 46 CITY- ST- ZIP 47 TITLE NAME 48 STREET ADDRESS 49 CITY- ST- ZIP 50 TITLE NAME 51 STREET ADDRESS 52 CITY- ST- ZIP 53 TITLE NAME 54 STREET ADDRESS 55 CITY- ST- ZIP 56 TITLE NAME 57 STREET ADDRESS 58 CITY- ST- ZIP 59 TITLE NAME 60 STREET ADDRESS 61 CITY- ST- ZIP		
			62 TITLE NAME 63 STREET ADDRESS 64 CITY- ST- ZIP 65 TITLE NAME 66 STREET ADDRESS 67 CITY- ST- ZIP 68 TITLE NAME 69 STREET ADDRESS 70 CITY- ST- ZIP		
			71 TITLE NAME 72 STREET ADDRESS 73 CITY- ST- ZIP 74 TITLE NAME 75 STREET ADDRESS 76 CITY- ST- ZIP 77 TITLE NAME 78 STREET ADDRESS 79 CITY- ST- ZIP 80 TITLE NAME 81 STREET ADDRESS 82 CITY- ST- ZIP		
			83 TITLE NAME 84 STREET ADDRESS 85 CITY- ST- ZIP 86 TITLE NAME 87 STREET ADDRESS 88 CITY- ST- ZIP 89 TITLE NAME 90 STREET ADDRESS 91 CITY- ST- ZIP		
			92 TITLE NAME 93 STREET ADDRESS 94 CITY- ST- ZIP 95 TITLE NAME 96 STREET ADDRESS 97 CITY- ST- ZIP 98 TITLE NAME 99 STREET ADDRESS 100 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 no name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <u>Marcus Ellner</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Marcus Ellner			03/29/1997 Date 800002137358 -04/09/97--01003--050 ***165.00		

CR2E034 (9/96)