FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000059394 (2)

PINNACLE FUNDING GROUP, INC.

Principal Place of Business Mailing Address KEY WEST PROFESSIONAL CENTRE KEY WEST PROFESSIONAL CENTRE 1342 COLONIAL BLVD., SUITE E-39 1342 COLONIAL BLVD., SUITE E-39 FORT MYERS FL 33907 DO NOT WRITE IN THIS SPACE FORT MYERS FL 33907 3. Date Incorporated or Qualified 07/15/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 26 65-0714443 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional M 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 24 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PARSONS, WADE H 1853 VICTORIA AVE. Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33901 83 Zlp 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 reinstating) (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE John F. Anderson ANDERSON, JOHN F. NAME 1.2 NAME CR2E034 STREET ADDRESS 2212 QUEENS BLVD. 1.3 STREET ADDRESS 2212 QUEERS Blud. NAPLES FL City-St-7tP 1.4 CITY-ST-ZIP MAPLES PI. TITLE DELETE Change 2.1 TITLE ddition NAME 2.2 NAME Charles E. Miller STREET ADDRESS 648 ASTARIAS CIVCLE 2.3 STREET ADDRESS CITY-ST-ZIP FORT MYONS FI. 2. 4 CITY-ST-ZIP DILE DELETE ☐ Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP TITLE DELETÉ 4.1 TITLE Change ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 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 on an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

UN QUEERTOURED

DELETE

DELETE

1-5-98- 941-939-1663

Change

Change

☐ Addition

Addition

FILED

Jan 15 1998 8:00am

Secretary of State