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 # P9600068061 (6)

PINNACLE BUSINESS SERVICES, INC.

Mailing Address
15894 BROTHERS COURT

FILED Jan 23 1998 8:00am Secretary of State



Principal Plac	e of business	Mailing Address	ng Address						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15894 BROTHERS COURT 15894 BROTHERS									
FORT MYERS FL 33912 FORT MYERS FL 33913						DO NOT WRITE IN THIS SPACE			
					F	3. Date Incorporated or Qualified	14 17 110 0		
						• • • • • • • • • • • • • • • • • • • •			
2. Principal P	lace of Business			08/15/1996 4. FEI Number		$\neg \neg$	Applied For		
21		2a. Mailing Address						-	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			-	65-0697260			Additional
22	,	27				5. Certificate of Status Desired			Additional Required
City & Stat	е		City & State			A Florido Constitut F			
23	-	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country			Zip Country						
24	25	29 30		1		This corporation owes or has paid Personal Property Tax due June 3		ent year i Yes	intangible No
	9. Name and Address of Curre		100			10, Name and Address of New Regi			<u> </u>
					Name	101		34	
VOLPE, MICHAEL J 4001 TAMIAMI TRAIL NORTH			_						
			82 Street Ad		Street Address	(P.O. Box Number is Not Acceptable	e)		
	ITE 330		8						
NA	PLES FL 34103		"	1					
]			84	1 0	City			85 Zi	p Code
44 5	(a 15 a a a a a a a a a a a a a a a a a a						<u>FL</u>		
office or r	egistered agent, or both, in the State	uz and 607.1508, Florida Statu e of Florida. Such change was	ites, the abov authorized b	ve-r ov th	named corporation:	ation submits this statement for the pure submits this statement for the pure submits the submits that the submits	rpose of d the appo	hanging	its registered as registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, F	lorida Statute	3S.		o source of an october 7 monetaly account	ane appe	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	as regionarea
SIGNATURE									
	Signature, typed or printed name of registered ag			gent :	t signature required wi		DATE		· · · · · · · · · · · · · · · · · · ·
12,		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND I		
TITLE	PTD	DELETE	1.1 TITLE		1		L	Change	Addition
NAME	MACFARLANE, DENNIS		1.2 NAME						ļ
STREET ADDRESS	15894 BROTHERS COURT		1.3 STREET		DORESS				
CITY-ST-ZIP			1.4 CITY -	ST-Z	ZIP				
TITLE	VPSD	☐ DELETE	2.1 TITLE				L	Change	: Li Addition
NAME	Macfarlane, patricia		2.2 NAME						
STREET ADDRESS	15894 BROTHERS COURT		2.3 STREE	T AD	DORESS				
City-St-Zip	FORT MYERS FL 33912		2. 4 CITY-	ST-	- ZIP				
TITLE		DELETE	3.1 TITLE		1			Change	Addition
NAME			3.2 NAME	,2 NAME					
STREET ADDRESS			3.3 STREE	T AD	DDRESS				
CITY - ST - ZIP			3.4. CITY - ST - ZIP		-ZIP				
TITLE	DELETE		4.1 TITLE					Change	Addition
NAME			4. 2 NAME					-	
STREET ADDRESS			4.3 STREE		DDRESS				
CITY-ST-ZIP			4.4 CITY-5						
TITLE			5.1 TITLE	G1-2	<u> </u>			Change	☐ Addition
NAME			5.2 NAME				_	01101.90	
STREET ADDRESS				T 4 D	DDDCCC				
1			5.3 STREET		3				
CITY-ST-ZIP		DELETE	5.4 C(TY-S	S1-Z	<u> CIP</u>		Г	Change	Addition
			6.1 TITLE				l	□ cuange	Magnings
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET		f				
CITY-ST-ZIP 6.44 14 December Certify that the Information-sumplied with this filling does not qualify for the second summary of t					ZIP	1			
74 Inereby c	erusy that the information-cumbled w	am anis taina does not arialifa f	or the evenin	ntior	in stated in Sect	tion 119 07(3)(i) Florida Statutae I fui	dhar aadi	as that th	a information 1

indicated on this annual report of supplied with an all light over 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 of 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 for on an attachment with an address.

SIGNATURE:

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