

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90004 012 ***150.00

DOCUMENT # **P96000100693**

Corporation Name
PINNACLE BUSINESS MANAGMENT GROUP INC.

586884-90004-12 * *



Principal Place of Business
**1604 49TH STREET NORTH
ST. PETERSBURG FL 33709**

Mailing Address
**4604 49TH STREET NORTH
ST. PETERSBURG FL 33709**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/12/1996

Principal Place of Business
2963 Gulf To Bay
Suite, Apt. #, etc.
265

2a. Mailing Address
Same
Suite, Apt. #, etc.
265

4. FEI Number
59-3417542
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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

City & State
Clearwater, FL
Zip
33759 Country
Pineellas

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Clearwater, FL
Zip
33759 Country
Pineellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALL, MICHAEL B
4604 49TH STREET NORTH
ST. PETERSBURG FL 33709**

81 Name
Joe Vallone
82 Street Address (P.O. Box Number is Not Acceptable)
2963 Gulf To Bay Blvd Suite 265
83
84 City
Clearwater FL 85 Zip Code
33759

1. 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
Joseph N Vallone
Signature, typed or printed name of registered agent and title if applicable.

Joseph N Vallone
(NOTE: Registered Agent signature required when reinstating)

6/30/99
DATE

2. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

FILE	<input type="checkbox"/> DELETE
NAME	HALL, MICHAEL B
REET ADDRESS	6966 22ND AVENUE NORTH
TY-ST-ZIP	ST PETERSBURG FL 33710
FILE	<input type="checkbox"/> DELETE
NAME	
REET ADDRESS	
TY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE
NAME	
REET ADDRESS	
TY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE
NAME	
REET ADDRESS	
TY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE
NAME	
REET ADDRESS	
TY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/99
Date

727-669-7781
Daytime Phone #

CR2E034 (5/99)

~~8041058 146~~

586884-90004-12
P96000100693

Pinnacle Business Management

7/6/99

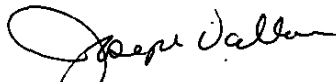
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern

Re: Filing Fee

As per the instructions we received upon calling your office enclosed is our check for \$150.00 for filing. We were told that we could send this amount in lieu of the late fee since we were not in receipt of the first notice. Thank you for your assistance in this matter.

Sincerely,



Joseph Vallone
Vice president

Pinnacle Business Management

Fax