

FILE NOW: FILING FEE AFTER MAY 1ST IS \$150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90022 024 ***150.00

DOCUMENT # P97000044994

Corporation Name
PINNACLE CDRE, INC.

Principal Place of Business

SW RIVERS END WAY
CITY FL 34990

Mailing Address

P.O. BOX 1184
STUART FL 34995
US



DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/19/1997	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0764598	
Country		Country		Applied For	
25		33		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
RICH, CRAIG D				<input type="checkbox"/> \$8.75 Additional Fee Required	
3271 SW RIVERS END WAY				6. Election Campaign Financing	
PALM CITY FL 34990				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL	
				85 Zip Code	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
2. OFFICERS AND DIRECTORS					
TITLE	PSTD	<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	RICH, CRAIG D			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3271 SW RIVERS END WAY			1.1 TITLE	
CITY-ST-ZIP	PALM CITY FL 34999			1.2 NAME	
TITLE	D	<input type="checkbox"/> DELETE		1.3 STREET ADDRESS	
NAME	SEYLERY, JEFFREY J			1.4 CITY-ST-ZIP	
STREET ADDRESS	2236 GULL HARBOR LN			2.1 TITLE	
CITY-ST-ZIP	PALM CITY FL 34990			2.2 NAME	
TITLE	D	<input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
NAME	THOMAS, KARL			2.4 CITY-ST-ZIP	
STREET ADDRESS	3075 SE ST. LUCIE BLVD.			3.1 TITLE	
CITY-ST-ZIP	STUART FL 34996			3.2 NAME	
TITLE		<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
NAME				3.4 CITY-ST-ZIP	
STREET ADDRESS				4.1 TITLE	
CITY-ST-ZIP				4.2 NAME	
TITLE		<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
NAME				4.4 CITY-ST-ZIP	
STREET ADDRESS				5.1 TITLE	
CITY-ST-ZIP				5.2 NAME	
TITLE		<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
NAME				5.4 CITY-ST-ZIP	
STREET ADDRESS				6.1 TITLE	
CITY-ST-ZIP				6.2 NAME	
TITLE		<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
NAME				6.4 CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					

4. 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, with all other like empowerments.

SIGNATURE: *Craig D Rich* Craig D. Rich 4-26-99 561-220-9600

CR2E034 (1/198)