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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000045562

PINNACLE PLASTICS GROUP, INC.

						,			
Principal Place	e of Business		ailing Address						
,,,,,,			13-D SAILFISH DRIVE						
LUTZ FL 33549		LUI	LUTZ FL 33549			DO NOT WRITE IN THIS SPACE			
					,	3. Date Incorporated or Qualifed			
						05/21/1997			-
		<del></del>	Moiling Add-oos			4, 'FEI Number		Ann	led For
2. Principal P	lace of Business	<u> </u>	Mailing Address			59-3448251	,	<u> </u>	Applicable
21		26	0.74 4-4 7 4:			J9 044023 I		\$8.75 Ad	
Suite, Apt.	#, etc.	$\vdash$	Suite, Apt. #, etc.			5. Certifcate of Status Desired	. 🗆	Fee Req	
22		27						<del></del>	
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 M Added to	
23		28							1 003
Zip	Country		Zip		untry	8. This corporation owes the cur	rent year inta	angibie <b>XI</b> Yes [	∃No
24	25	29		30	т	Personal Property Tax.  10. Name and Address of New	Panietared i	1-	
	9. Name and Address of Curren	t Regis	tered Agent		81 Name	10, Name and Address of New	redistain 1	-190111	
FAV	LICETPH W		*		81 Name				
FOX, JOSEPH W				82 Street	Address (P.O. Box Number is Not Accept	able)			
17813-D SAILFISH DRIVE					EMPART LESSON STORES	ant december 23 to 1 to 3 Hapt 1 to 10 to 5	THE STATE OF THE STATE OF	1686 (1786   385) 1686 (1786   327)	
LUT	Z FL 33549				83		問題到		
					84 City	75, 428	2 25 25 Ay   3 M 1   -	85 Zip Co	ode
					'		FL		-
11 Pursuant	to the provisions of Sections 607.050	2 and 6	i07.1508, Florida Statu	tes, the a	bove-named	corporation submits this statement for the oration's board of directors. I hereby acce	purpose of	changing its r	egistered
office or	registered agent, or both, in the State	of Floric	da. Such change was a	authorized	d by the comp	oration's board of directors. I hereby acce	pt the appoil	nment as regi	stered
agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	LUUTIS OT,	, 3601011 007.0303, FR	Jinda Olai	ww.			,	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title	if applicable. (NOT	E: Registerer	d Agent signature	required when reinstating):	DATE		
12.	OFFICERS AN		,	13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOF	RS IN 12
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6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State** 

02-16-1999 90061 036 \*\*\*150.00

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, with all other like empowered.