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

**PROFIT CORPORATION** ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandus B. Mostham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000067079 (8)

PINNACLE CRUISE & TOUR CORPORATION

Principal Place of Business

Mailing Address

2600 AIRPORT ROAD SOUTH

## **FILED** May 22 1998 8:00am Secretary of State



| 2. Principal Place of Pyruness 21 2122 I Amriams Trillo, 26 2/22 Tambami Trillo, Suite, Apt. #, etc  22 City & State 23 NAPLES FL, 28 Type  Zip Country  | 3. Date Incorporated or Qualified  08/01/1997  4. FEI Number  59 - 3467/24  5. Certificate of Status Desired  6. Election Campaign Financing  DO NOT WRITE IN THIS SPACE  Applied For Not Applied For Not Applied For Required  \$8.75 Additional Fee Required |
|--|--|
| 21 2/22 Jamiami Willo 26 2/22 Jamiami Irl No , Suite, Apt. #, etc  27  City & State 28 NAPLES FL, Zip Country  Zip Country  Country  Country   | 08/01/1997  4. FEI Number  59 - 3467/2   Not Applicable  5. Certificate of Status Desired   \$8.75 Additional Fee Required   |
| 21 212 Jamiami Ivi No. 26 2122 Jamiami Ivi No. Suite, Apt. #, etc.  22 27  City & State 23 NAPLES FL, 28 Paples Gountry  Zip Country  Zip Country  Country   | 4. FEI Number  59-3467/24  Not Applicable  5. Certificate of Status Desired  \$8.75 Additional Fee Required  |
| 21 212 Jamiami Ist 16, 26 2/22 Jamami Ist 16, Suite, Apt. #, etc  22 27  City & State 23 NAPLES FL, 28 Paples Gountry  Zip Country  Zip Country  Country  Country  | 59-3467/24 Not Applicable  5. Certificate of Status Desired   \$8.75 Additional Fee Required   |
| Stille, Apr. #, etc.   | 5. Certificate of Status Desired \$8.75 Additional Fee Required  |
| City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Country  | 5. Certificate of Status Desired Fee Required  |
| 23 NAPLES FL, 28 Dayles & Country  Zip Country Zip Country   | 6. Election Campaign Financing \$5.00 May Ba   |
|  | Trust Fund Contribution Added to Fees  |
|  | 8. This corporation owes or has paid the current year Intangible   |
| 24 34/02 25 USA 29 34/02 30 USA  | Personal Property Tax due June 30. X Yes  No   |
| 9. Name and Address of Current Registered Agent  | 10. Name and Address of New Registered Agent   |
| STANLEY, JOHN F 81 Name  |  |
| 2660 AIRPORT ROAD SOUTH 82 Street Add  | dress (P.O. Box Number is Not Acceptable)  |
| NAPLES FL 34112  |  |
| 83   |  |
| 84 City  | 85 Zip Code  |
|  | FŁ  `  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named cor  | poration 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 corporal agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  | ation's board of directors. Thereby accept the appointment as registered   |
| SIGNATURE  |  |
| Signature, typod or protect name of registered agent and title if apply able (NOTE: Registered Agent signature requi   | ilred when reinstating) DATE   |
| 12. OFFICERS AND DIRECTORS 13.   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE PRESIDENT DELETE 11 TITLE  NAME MARGARET MORBEE 12 NAME  STREET ADDRESS 5050 BRIXTON CT. 13 STREET ADDRESS   | Change Addition  |
| NAME MARGARET MORBEE 12 NAME   |  |
| STREET ADDRESS 50.50 BX/X70 N 13 STHEFT ADDRESS  |  |
| CITY-ST-ZIP NAPLES, FL. 34/04 14CITY-ST-ZIP  |  |
| STREET ADDRESS  CITY-ST-ZIP  TITLE  V.P. SEC/TA EASURER  DELETE  13 STREET ADDRESS  14 CITY-ST-ZIP  17 SEC/TA EASURER  21 TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  18 STREET ADDRESS  29 STREET ADDRESS  CITY-ST-ZIP  TITLE  19 SEC/TA EASURER  20 NAME  22 NAME  23 STREET ADDRESS  CITY-ST-ZIP  TITLE  10 SEC/TA EASURER  24 CITY-ST-ZIP  TITLE  15 SEC/TA EASURER  16 SEC/TA EASURER  27 NAME  28 STREET ADDRESS  29 STREET ADDRESS  21 TITLE  21 TITLE  21 TITLE  21 TITLE  31 TITLE  TITLE  TOTAL EASURER  TOTAL EASUR | Change Addition  |
| NAME JORDAEN J. MONBELL 22 NAME  |  |
| STREET ADDRESS 5050 BK / A / O / 23 STREET ADDRESS   |  |
| CITY-ST-ZIP NAPLES, FL 37/04 2.4CITY-ST-ZIP  |  |
| 2, 555, 10   | ☐ Change ☐ Addition  |
| NAME 3.2 NAME  |  |
| STREET ADDRESS 3.3 STREET ADDRESS  |  |
| City-St-ZIP 34. City-St-ZIP  |  |
| TITLE L. DELETE 4.1 TITLE  | Change Addition  |
| NAME 4. 2 NAME   |  |
| STREET ADDRESS 4.3 STREET ADDRESS  |  |
| CITY-ST-ZIP 4.4 CITY-ST-ZIP  | F-1  |
| TITLE DELETE 5.1 TITLE   | ☐ Change ☐ Addition  |
| NAME 52 NAME   |  |
| STREET ADDRESS 5.3 STREET ADDRESS  |  |
| CITY-ST-ZIP 5.4 CITY-ST-ZIP  |  |
| TITLE DELETE 61 TITLE  | Change Addition  |
| NAME 62 NAME   |  |
| STREET ADDRESS 63 STREET ADDRESS   |  |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP  |  |
| 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in indicated on this annual report or supplemental annual report is true and accurate and that my signature.  | Section 119.07(3)(i), Florida Statutes. I further certify that the information ure shall have the same legal effect as if made under path; that I am an  |
| officer or director of the corporation or the receiver or trustee empowered to execute this report as req. Block 12 or Block 13 if changed, or on an attachment with an address.   | quired by Chapter 607, Florida Statutes; and that my name appears in   |