. ILL NOW: HILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

115

241 RIVER VILLAGE DR DEBARY FL 32713

2a. Mailing Address 26 36 S. US

Suite, Apt. #, etc.

City & State

SUITE 100

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business 241 RIVER VILLAGE DR

2. Principal Place of Busines

36 S. US

Suite_Apt. #, etc.

City & State

DEBARY FL 32713

US

22



DOCUMENT # P97000083097

PINNACLE - RESERVE PHASE III, INC.

100

25

28 W. CENTRAL BLVD., STE. 260

DIVINE, RUSSELL W

ORLANDO FL 32801

2 D

9. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 30, 1999 8:00 am **Secretary of State**

03-30-1999 90033 001 ***150.00

DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/25/1997 Applied For 4. FEI Number Not Applicable 59-347 1544 \$8.75 Additional 5. Certificate of Status Desired Fee Required **\$5.00** May Be 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible □No Personal Property Tax. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

71. 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.

83

84 City

Country

Hwy 17-92

Name

MATURE		Registered Agent signature	naviend whe	o mineta	ing)		DATE		}
	Signature, typed or printed name of registered agent and title if applicable (NOTE: I	13.	adollar wile			CHANGES TO	OFFICERS AN	D DIRECTO	RS IN 12
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}	GRAY, JOHN G JR.	1.2 NAME	ŀ					•	{
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ST-ZIP		2.4 CITY-ST-ZIP			•	,-			{
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		3.4. CITY-ST-ZIP	}						}
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		6.2 NAME	}						}
فتـــر	 -	6.3 STREET ADDRESS	}						}
		8.4 CITY-ST-ZIP	{						

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 of 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 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 12 or Block 13 if chapter 607 on an attachment with an address, with all other like empowered.

Zip Code

85