

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000103741 (9)
 1. Corporation Name
PINNACLE PRODUCTS GROUP, INC.



Principal Place of Business 5500-A AIRPORT BOULEVARD TAMPA FL 33634	Mailing Address 5500-A AIRPORT BOULEVARD TAMPA FL 33634
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DO NOT WRITE IN THIS SPACE

2 Principal Place of Business	2a Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/09/1997	
4. FEI Number 59-3481435	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GOODWIN, JAMES W
400 NORTH TAMPA ST., SUITE 2300
TAMPA FL 33602

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. 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 re-issuing) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		
TITLE	D <input checked="" type="checkbox"/> DELETE	
NAME	TSUI, JOHNATHAN	
STREET ADDRESS	45 BROAD STREET	
CITY-ST-ZIP	CARLSTADT NJ 07072	
TITLE	D <input checked="" type="checkbox"/> DELETE	
NAME	TREHUB, DICK	
STREET ADDRESS	8080 126TH AVENUE NORTH	
CITY-ST-ZIP	LARGO FL 34643	
TITLE	D <input checked="" type="checkbox"/> DELETE	
NAME	CASTELLANO, JIM	
STREET ADDRESS	6211 N. ANDERSON ROAD	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D <input checked="" type="checkbox"/> DELETE	
NAME	TURETSKY, SID	
STREET ADDRESS	1210 SARAH AVENUE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D <input checked="" type="checkbox"/> DELETE	
NAME	GREENE, RANDY	
STREET ADDRESS	P.O. BOX 18938 N/A	
CITY-ST-ZIP	TAMPA FL 33679	
TITLE	D <input checked="" type="checkbox"/> DELETE	
NAME	TAPIA, DAN	
STREET ADDRESS	8824 N. 56TH STREET	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JUSTIN, JOSEPH
1.3 STREET ADDRESS	5500-A AIRPORT Blvd.
1.4 CITY-ST-ZIP	TAMPA, FL 33634
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	

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.

SIGNATURE _____ **DATE** _____

CR2E034 (10/97)