

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/08/1997	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3481435	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
g. Name and Address of Current Registered Agent				10. Name and Address of New 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	FL
				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TSUI, JOHNATHAN		1.2 NAME	JUSTIN, JOSEPH	
STREET ADDRESS	45 BROAD STREET		1.3 STREET ADDRESS	5500-A AIRPORT Blvd.	
CITY-ST-ZIP	CARLSTADT NJ 07072		1.4 CITY-ST-ZIP	Tampa, FL 33634	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREHUB, DICK		2.2 NAME		
STREET ADDRESS	8080 126TH AVENUE NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34643		2.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLANO, JIM		3.2 NAME		
STREET ADDRESS	6211 N. ANDERSON ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634		3.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURETSKY, SID		4.2 NAME		
STREET ADDRESS	1210 SARAH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, RANDY		5.2 NAME		
STREET ADDRESS	P.O. BOX 18938 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33679		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAPIA, DAN		6.2 NAME		
STREET ADDRESS	8824 N. 56TH STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		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.

CR2E034 (10/97)