SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P97000103741

PINNACLE PRODUCTS GROUP, INC.

FILED Jul 30, 1999 8:00 am Secretary of State

07-30-1999 90004 033 ***550.00

598922 - 90004 - 33 -

| Principal Place of Business Mailing Address | | | | | | | | 1(1) I(1) III |) | |
|---|--|------------------------------------|--|---|-------------------------------|---|--------------------------|----------------------------|-----------------------------|----------------|
| | | 5500-A AIRPORT E TAMPA FL 33634 | 500-a airport Boulevard Ampa FL 33634 | | | | | | | |
| | | | | | | DO NOT WRITE | IN THIS S | PACE | | _ |
| | | | | | | 3. Date Incorporated or Qualified | | | | |
| | | 10 14 15 4 11 | | | | 12/09/1997 4. FEI Number | | | | - |
| | lace of Business | 2a. Mailing Addres | is | | | 59-3481435 | | | oplied For ot Applicable | - |
| Suite, Apt. | # 610 | 26 Suite, Apt. #, 6 | atc. | | | 39-346 1433 | | - | Additional | - |
| 22 Suite, Apr. | #, etc. | 27 | iio. | | | 5. Certificate of Status Desired | | • | equired | |
| City & Stat | | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be | 7 |
| 23 | | 28 | | | | Trust Fund Contribution | | | to Fees | |
| Zip | Country | Zip | Cou | intry | | 8. This corporation owes the current | year | - | · | |
| 24 | 25 | 29 | 30 | | | Intangible Personal Property. | | | No. | _ |
| | 9. Name and Address of Curr | rent Registered Agent | | | | 10. Name and Address of New Reg | istered A | gent | | 4 |
| GO | ODWIN, JAMES W | | | 81 | Name | | | | | |
| 400 NORTH TAMPA ST., SUITE 2300 | | ንვስበ | | 82 | Street Addre | Address (P.O. Box Number is Not Acceptable) | | | 1 | |
| | MPA FL 33602 | .000 | | 83 | | | | | | - |
| | WIT AT E GOODE | | | 83 | | | | | | |
| | | | | 84 | City | | FL | 85 Zip | Code | 7 |
| office or agent. I | t to the provisions of sections 607.0 registered agent, or both, in the St am familiar with, and accept the ob | ate of Florida. Such chang | e was authorized | d by th | amed corpora he corporatio | ation submits this statement for the purpon's board of directors. I hereby accept the | ose of cha ne appoint | nging its re ment as re | gistered gistered | |
| SIGNATURE | Signature, typed or printed name of registered a | agent and title if applicable. | (NOTE: Registe | red Age | nt signature requi | red when reinstating) | DATE | | | ୗଲ |
| 12. | OFFICERS | AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | DIRECTO | DRS IN 12 |] 86 |
| TITLE | D | DEL | ETE 1.1 TIT | TLE | | | | Change | Addition | CR2E034 (5/99) |
| NAME | JOSEPH, JUSTIN | | 1.2 NA | AME | | | | | | 93 |
| STREET ADDRESS | 5500-A AIRPORT BLVD | | 1.3 \$17 | REET AD | DDRESS | | | | | 122 |
| CITY-ST-ZIP | TAMPA FL 33634 | | | TY-ST-ZI | IP . | | | | | ⊣ၓ |
| TIπLE | | L DEL | • | | | | L | Change | Addition | |
| NAME | | | 2.2 NA | | | | | | | |
| STREET ADDRESS | | | 2.3 \$1 | | | | | | | |
| CITY-ST-ZIP | | | | | DORESS | | | | | 1 |
| TITLE NAME | | | | ITY-ST-ZI | | | | T Chance | Addition | 1 |
| STREET ADDRESS | | DEL | ETE 3.1 TIT | TY-ST-ZI | | | | Change | Addition | 1 |
| SIREEIADDRESS | | □ DEL | 3.1 TIT 3.2 NA | ITY-ST-ZI TLE AME | IP | | | Change | Addition | |
| CITY OF 7ID | | DEL | 3.1 TH 3.2 NA 3.3 ST | ITY-ST-ZI TLE AME TREET AC | DDRESS | | <u> </u> | Change | Addition | |
| CITY-ST-ZIP TITLE | | | 3.1 TIT 3.2 NA 3.3 ST 3.4 CI | TY-ST-ZI TLE AME REET AC TY-ST-ZI | DDRESS | | | Change | Addition Addition | |
| | | DEL | 3.1 TIT 3.2 NA 3.3 ST 3.4 CI | TY-ST-ZI TLE AME REET AC TY-ST-ZI TLE | DDRESS | | | | | |
| TITLE NAME | | | 3.1 TII 3.2 NA 3.3 ST 3.4 CI ETE 4.1 TII 4.2 NA | TY-ST-ZI TLE AME REET AC TY-ST-ZI TLE | DDRESS | | | | | |
| TITLE NAME STREET ADDRESS | | | ETE 3.1 TII 3.2 NA 3.3 ST: 3.4 CI; ETE 4.1 TII 4.2 NA 4.3 ST | TLE AME REET AE TY-ST-ZI TLE AME | DDRESS DDRESS | | <u>.</u> | | | |
| TITLE NAME | | | ETE 3.1 TII 3.2 NA 3.3 ST: 3.4 CII 4.1 TII 4.2 NA 4.3 ST 4.4 CII 4.4 CII 4.4 CII 4.4 CII | TY-ST-ZI TLE AME TREET AC TY-ST-ZI TLE AME TREET AC | DDRESS DDRESS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ DEL | ETE 3.1 TII 3.2 NA 3.3 ST: 3.4 CII 4.1 TII 4.2 NA 4.3 ST 4.4 CII 4.4 CII 4.4 CII 4.4 CII | TY-ST-ZI TLE AME TY-ST-ZI TLE AME TREET AL TREET AL TREET AL | DDRESS DDRESS | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | □ DEL | ETE 3.1 TII 3.2 NA 3.3 ST 3.4 CI ETE 4.1 TII 4.2 NA 4.3 ST 4.4 CI ETE 5.1 TII 5.2 NA | TY-ST-ZI TLE AME TY-ST-ZI TLE AME TREET AL TREET AL TREET AL | DDRESS IP DDRESS | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | □ DEL | ETE 3.1 TII 3.2 NA 3.3 ST 3.4 CI ETE 4.1 TII 4.2 NA 4.3 ST 4.4 CI ETE 5.1 TII 5.2 NA 5.3 ST | ITY-ST-ZI TLE AME REET AC TY-ST-ZI TLE AME IREET AC ITY-ST-ZI TLE TLE AME | DDRESS IP DDRESS | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | □ DEL | ETE 3.1 TII 3.2 NA 3.3 ST 3.4 CI ETE 4.1 TII 4.2 NA 4.3 ST 4.4 CI ETE 5.1 TII 5.2 NA 5.3 ST 5.4 CI | ITY-ST-ZI TLE AME TY-ST-ZI TLE AME IREET AL ITY-ST-ZI TLE AME ITY-ST-ZI TLE AME ITY-ST-ZI TLE | DDRESS IP DDRESS | | | Change | Addition | |

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 supplier ental 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 of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

813-247-2500