

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90198 009 \*\*\*150.00

DOCUMENT # **P98000032692**

1. Corporation Name  
**PINNACLE VENTURES, INC.**



Principal Place of Business  
**1380 B NW 65TH AVE.  
PLANTATION FL 33313**

Mailing Address  
**1380 B NW 65TH AVE.  
PLANTATION FL 33313**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/08/1998**

4. FEI Number

**65-0827616**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **1876 N. University Dr.**

Suite, Apt. #, etc.

22 **201-K**

City & State

23 **Plantation FL**

Zip

24 **33322**

Country

25 **US**

2a. Mailing Address

26 **1876 N. University Dr.**

Suite, Apt. #, etc.

27 **201-K**

City & State

28 **Plantation FL**

Zip

29 **33322**

Country

30 **US**

9. Name and Address of Current Registered Agent

**SCHWARTZ, ROBERTA  
1380 B NW 65TH AVE.  
PLANTATION FL 33313**

10. Name and Address of New Registered Agent

81 Name

**ROBERTA SCHWARTZ**

82 Street Address (P.O. Box Number is Not Acceptable)

**1876 N. University Dr.**

83

**Suite 201-K**

84 City

**Plantation**

FL

85 Zip Code

**33322**

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

*Robert Schwartz*  
Signature, typed or printed name of registered agent and title if applicable.

**ROBERTA SCHWARTZ** **PRESIDENT**

**4/26/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE  
NAME **SCHWARTZ, ROBERTA**  
STREET ADDRESS **1380 B NW 65TH AVE.**  
CITY-ST-ZIP **PLANTATION FL 33313**

TITLE **DV** ☐ DELETE  
NAME **SCHWARTZ, SHELDON**  
STREET ADDRESS **1380 B NW 65TH AVE.**  
CITY-ST-ZIP **PLANTATION FL 33313**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition  
1.2 NAME **ROBERTA SCHWARTZ**  
1.3 STREET ADDRESS **1876 N. University Dr. Suite 201-K**  
1.4 CITY-ST-ZIP **Plantation FL 33322**

2.1 TITLE **DV** ☒ Change ☐ Addition  
2.2 NAME **SHELDON SCHWARTZ**  
2.3 STREET ADDRESS **1876 N. University Dr. Suite 201-K**  
2.4 CITY-ST-ZIP **Plantation FL 33322**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Robert Schwartz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERTA SCHWARTZ**

**4/26/99**

Date

**954-577-9118**

Daytime Phone #

CR2E034 (1/98)

0304823