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

DOCUMENT # P98000067654

PINNACLE BOOKS INC.

Principal Place of Business	Mailing Address
4521 P.G.A. BLVD. SUITE 200 PALM BEACH GARDENS FL 33418	4521 P.G.A. BLVD. SUITE 200 PALM BEACH GARDENS FL 33418

FILED Feb 27, 1999 8:00 am Secretary of State

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4521 P.G.A. BLY SUITE 200 PALM BEACH G	VD. SARDENS FL 33418	4521 P.G.A. BLVD. SUITE 200 PALM BEACH GARDENS FL 33418			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/03/1998					
2. Principal P	lace of Business	2a. Mailing Address		-		4. FEI Number		· 🔲	Applied For	
21		26				65-0854/62			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip	Country 25	Zip 29	Count 30	try		This corporation owes the current Personal Property Tax.		ngible Yes	□No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered A	gent		
			8	31 r	Name				•	
CORBETT, MICHAEL J 4521 P.G.A. BLVD.					Street Addre	dress (P.O. Box Number is Not Acceptable)				
SUIT	E 200		8	33		,				
PALM	M BEACH GARDENS FL 33418		8	34 (City		FL	85 Z	p Code	
agent. I a	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	itions of, Section 607.0505, Flori	ida Statute	es.		on's board of directors. I hereby accept d when reinstating)	DATE			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIREC		
TITLE	D	☐ DELETE	1.1 TITLE	£				Chang	ge 🗌 Addition	
NAME	CORBETT, MICHAEL J		1.2 NAMI	E						
STREET ADDRESS	4521 P.G.A. BLVD. STE 200		1.3 STRE	EET AD	ODRESS					
CITY-ST-ZIP	PALM BEACH GARDENS FL 3	3418	1.4 CITY	-ST-ZI	NP I					
TITLE	TALII DENOIT CATIBLETO	☐ DELETE	2.1 TITLE	E.		•		☐ Chang	e 🔲 Addition	
NAME			2.2 NAM	£	İ		_		Ç	
STREET ADDRESS			2.3 STRE	EET AD	DDRESS	* -				
CITY-ST-ZIP			2. 4 CfTY	/-ST-Z	ZIP					
TITLE		☐ DELETE	3 1 TITLE	E				Chang	e Addition	
NAME			3.2 NAM	E	ļ					
STREET ADDRESS			3.3 STRE	EET AD	DORESS					
CITY-ST-ZIP			3.4. CITY	<u>∕-st-</u> z	ZiP					
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STREET ADDRESS			4.3 STRE	EET AD	ODRESS					
CITY-ST-ZIP			4.4 CITY	-ST-ZI	9F					
TITLE		☐ DELETE	5.1 TITLE	E				Chang	pe 📑 Addition	
NAME			5.2 NAM	E						
STREET ADDRESS			5.3 STRE	EETAD	DORESS					
CiTY-ST-ZIP	<u></u> .		5.4 CITY		ZIP		•			
TITLE		☐ DELETE	6.1 TITLE					☐ Chang	e 🔲 Addition	
NAME			6.2 NAMI	E	Ţ				Į	
STREET ADDRESS			6.3 STRE	EET AD	DDRESS				ļ	
CITY-ST-ZIP			6.4 CITY	·ST-Z	<u>tiP</u>					

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.