

99 AUG 13 AM 8:31

1. Corporation Name
PINNACLE ONE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address		DO NOT WRITE IN THESE SPACES	
P. O. BOX 1472 JENSEN BEACH FL 34957		P.O. BOX 731 MORRISVILLE PA 19067 US		1. Date incorporated or Qualified 08/05/1991	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
[21] Suite, Apt. #, etc.		[26] Suite, Apt. #, etc.		[4] 65-0314058	
[22] City & State		[27] City & State		5. Election Campaign Financing Trust Fund Contribution ☐ 35.00 May Be Added to Fees	
[23] Zip Country		[28] Zip Country		3. This corporation owes the current year intangible tax ☐ es	
[25]		[29]		[30]	
9. Name and Address of Current Registered Agent				Name and Address of New Registered Agent	
KATSOCK, JOCELYN R 1307 NE SUNVIEW TERRACE JENSEN BEACH FL 34957				92. Street Address (P.O. Box Number's Not Acceptable) 400002963054--- 08/19/99--01018--013 ****150.00 ***150.00	

State, the type of order, name of registered agent and the date of the order.

Registered Agent signature required when:

4

OFFICERS AND DIRECTORS			13. ADDITIONS - CHANGES TO OFFICERS AND DIRECTORS IN '92		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Action
NAME	KATSOCK, JOCELYN R		1.2 NAME		
STREET ADDRESS	1307 NE SUNVIEW TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Action
NAME	KATSOCK, JOHN J SR.		1.2 NAME		
STREET ADDRESS	880 GAINSWAY RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	YARDLEY PA 19067		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Action
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Action
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Action
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Action
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Action
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

Joseph Katsch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/99

215-285-1717