

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY - 1 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000079587 (9)

1. Corporation Name
PANART, INC.

Principal Place of Business Mailing Address
8562 DENISE DRIVE 8562 DENISE DRIVE
SEMINOLE FL 34647 SEMINOLE FL 34647

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified 3a. Date of Last Report
10/27/1994

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	<input checked="" type="checkbox"/>	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			<input type="checkbox"/>	Not Applicable
22	23	27	28	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
	City & State		City & State		Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8.	This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Zip		Country				

9. Name and Address of Current Registered Agent

HARRIS, DEWEY L
535 DELANNOY AVE
COCOA FL 32923-0129

10. Name and Address of New Registered Agent

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 agent of 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 _____ DATE _____
(Signature: typed or printed name of registered agent and title if applicable) (NOT: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAGER, CLEMENS J	1.2 NAME	
STREET ADDRESS	8562 DENISE DRIVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	SEMINOLE FL 34647	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAGER, ILSE J	2.2 NAME	
STREET ADDRESS	8562 DENISE DRIVE	2.3 STREET ADDRESS	
CITY, ST, ZIP	SEMINOLE FL 34647	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on the 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.

SIGNATURE: *Clemens J. Sager* March 8, 95 813 391 1678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)