

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P95000075360 (4)**

1. Corporation Name

PANTELLA CORPORATION



Principal Place of Business: **4577 CARAMBOLA CIRCLE SOUTH COCONUT CREEK FL 33066**
 Mailing Address: **4577 CARAMBOLA CIRCLE SOUTH COCONUT CREEK FL 33066**

3. Date Incorporated or Qualified: **09/29/1995**
 3a. Date of Last Report

2. Principal Place of Business: **4137 N. FEDERAL HWY**
 Suite, Apt #, etc.

2a. Mailing Address: **4137 N. FED. HWY**
 Suite, Apt #, etc.

4. FEI Number: **65-0611215**
 Applied For: Not Applicable

22. City & State: **BOCA RATON, FL.**

27. City & State: **BOCA RATON, FL**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. Zip: **33431**
 Country: **PAUM BEACH**

29. Zip: **33431**
 Country: **PAUM BEACH**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

MAURICE, SHELLEY B. ESQ.
11076 S. MILITARY TRAIL
BOYNTON BEACH FL 33438

10. Name and Address of New Registered Agent

81. Name: **JEFFREY HOCHFELSEN, ESQ.**
 82. Street Address (P.O. Box Number is Not Acceptable): **2101 CORPORATE BLVD., N.W.**
 83. **SUITE 204**
 84. City: **BOCA RATON** FL 85. Zip Code: **33431**

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

[Signature]

(NOTE: Registered Agent signature required when re-appointing)

7/26/96

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	PANICO, FAY T	
STREET ADDRESS	4577 CARAMBOLA CIRCLE SOUTH	
CITY - ST - ZIP	COCONUT CREEK FL 33066	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: **FAY T PANICO** - **FAY T PANICO** **7/25/96** **307-368-8040**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRES.**

CR2E034 (3/96)