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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 211410

1. Corporation Name

PAN AMERICAN APARTMENTS INC

Principal Place of Business

145 10TH AVE N
ST PETERSBURG FL 33701

Mailing Address

145 10TH AVE N
ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/08/1958	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0936194	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GRAY, MARY R. 145 10TH AVENUE NORTH ST. PETERSBURG FL 33701				81 Name GRACE LOBASCIO 82 Street Address (P.O. Box Number is Not Acceptable) 145 10TH AVE NORTH 83 APT. # 16 PAN AMERICAN APT. 84 City ST. PETERSBURG FL 85 Zip Code 33701	

11. Pursuant to the provisions of Sections 807.0502 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 Grace Lobascio DATE 3/97 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	MALONEY, FRANK	1.2 NAME	MALONEY, FRANK
STREET ADDRESS	145 10TH AVE NORTH	1.3 STREET ADDRESS	145 10TH AVE NORTH
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG FL. 33701
TITLE	S	2.1 TITLE	S
NAME	WILKINSON, RICHARD	2.2 NAME	WILKINSON, RICHARD
STREET ADDRESS	145 10TH AVENUE NORTH	2.3 STREET ADDRESS	145 10TH AVE NORTH
CITY-ST-ZIP	ST PETERSBURG FL 33701	2.4 CITY-ST-ZIP	ST. PETERSBURG FL. 33701
TITLE	V	3.1 TITLE	F.V.
NAME	GRAY, MARY R	3.2 NAME	ALBERT MARZOLI
STREET ADDRESS	145 10TH AVENUE NORTH	3.3 STREET ADDRESS	145 10TH AVE NORTH
CITY-ST-ZIP	ST PETERSBURG FL 33701	3.4 CITY-ST-ZIP	ST. PETERSBURG FL. 33701
TITLE	S	4.1 TITLE	S.V.
NAME	BENT, DONNA	4.2 NAME	ORLENE TWEDT
STREET ADDRESS	145 10TH AVENUE NORTH	4.3 STREET ADDRESS	145 10TH AVE NORTH
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	ST. PETERSBURG FL. 33701
TITLE	TM	5.1 TITLE	M
NAME	LOBASCIO, GRACE	5.2 NAME	GRACE LOBASCIO
STREET ADDRESS	145 10TH AVENUE NORTH	5.3 STREET ADDRESS	145 10TH AVE NORTH
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	ST. PETERSBURG FL. 33701
TITLE	V	6.1 TITLE	
NAME	MARZOLI, ALBERT	6.2 NAME	
STREET ADDRESS	145 10TH AVE N	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	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: Grace Lobascio DATE MARCH 8, 1999 727-894-3270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)