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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

**DOCUMENT #** 524039 (5)

1. Corporation Name

PETANN, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ANNETTA ARZOUIAN<br>P.O. BOX 5843<br>LIGHTHOUSE POINT, FL.<br>33074 | C/O ANNETTA ARZOUIAN<br>P.O. Box 5843<br>LIGHTHOUSE POINT, FL.<br>33074 |

3. Date Incorporated or Qualified: 01/18/1977
3a. Date of Last Report: 04/15/1995
4. FEI Number: NON APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

PAPANTONATOS, PETE
3836 N.E. 17 AVENUE
POMPANO BEACH, FL.33064

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 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 _____ DATE _____
Signature, type or print name of registered agent, and title if applicable. NOTE: Registered Agent signature is required when reinstating.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | PAPANTONATOS, PETE | 1.2 NAME | |
| STREET ADDRESS | 3836 N.E. 17TH AVE. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH, FL | 1.4 CITY-ST-ZIP | |
| TITLE | D ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | ARZOUIAN, ANNETTA | 2.2 NAME | |
| STREET ADDRESS | 1132 S.W. 26TH TERRACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DEERFIELD BEACH, FL. | 2.4 CITY-ST-ZIP | |
| TITLE | SD ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | PAPANTONATOS, M | 3.2 NAME | |
| STREET ADDRESS | 3836 N.E. 17TH AVE. | 3.3 STREET ADDRESS | 000001807830 |
| CITY-ST-ZIP | POMPANO BEACH, FL. | 3.4 CITY-ST-ZIP | -05/06/96--01007--024 |
| TITLE | ☐ DELETE | 4.1 TITLE | ***200.00 ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

APPROVED
MAY 1 1996
BY: [signature]

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)(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.

**SIGNATURE:** [signature] 4-25-96 954 941-8643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)