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 # 854167 (4)

1. Corporation Name

PENNFLO 1792, INC.

Principal Place of Business
1230 RIDGEWOOD ROAD
P.O. BOX 1190
BRYN MAWR PA 19010

Mailing Address
1230 RIDGEWOOD ROAD
P.O. BOX 1190
BRYN MAWR PA 19010

2. Principal Place of Business
21 P.O. BOX 3258
Suite, Apt #, etc
22
City & State
23 NAPLES . FL
Zip
24 33939-3258
County
25 Collier

2a. Mailing Address
26 P.O. Box 3258
Suite, Apt #, etc
27
City & State
28 NAPLES FL.
Zip
29 33939-3258
County
30 Colliers

3. Date Incorporated or Qualified: 09/27/1982

3a. Date of Last Report: 04/25/1995

4. FEI Number: 59-2204879 — 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

9. **Name and Address of Current Registered Agent**

PEZESHKAN, F. FRED
3649 PROGRESS AVENUE
NAPLES FL 33942

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 ________

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	RABII, FEREYDOON	
STREET ADDRESS	1230 RIDGEWOOD RD.	
CITY-ST-ZIP	BRYN MAWR PA	
TITLE	S	☐ DELETE
NAME	KHAJAVI, AMIR-MEHDI	
STREET ADDRESS	408 SOUTH ROBERTS RD.	
CITY-ST-ZIP	BRYN MAWR PA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	84 Brennan Dr	
1.3 STREET ADDRESS	Bryn Mawr PA 1910	
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: FEREYDOON RABII
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-26-96

Daytime Phone #: 941 263 2818

CR2E034 (12/95)