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Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
P.O. BOX 3258 P.O. BOX 3258
NAPLES FL 33939-3258 NAPLES FL 33939-3258
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 P.O. Box 3258		26 P.O. Box 3258		09/27/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2204879	
City & State		City & State		Applied For	
23 NAPLES FL		28 NAPLES FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 34106-3258		29 34106-3258		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 U.S.A.		30 U.S.A.		Trust Fund Contribution	
				7. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				8. 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 PEZESHKAN F FRED
82 Street Address (P.O. Box Number is Not Acceptable)
83 2606 SOUTH HORSESHOE DRIVE
84 City NAPLES FL 85 Zip Code 34104

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	DELETE
NAME	RABII, FEREDDOON	
STREET ADDRESS	84 BRENNAN DRIVE	
CITY-ST-ZIP	BRYN MAWR PA	
TITLE	S	DELETE
NAME	KHAJAVI, AMIR-MEHD	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS	557 TIERRA MAR LN W	
1.4 CITY-ST-ZIP	NAPLES FL 34108	
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 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.

SIGNATURE: F. Rabii 1-5-97 941 592 9552

CR2E034 (10/97)