COF ANNL	PROFIT RPORATION JAL REPORT 1997		Sandra Secreta	RTMENT OF STATE B. Mortham ary of State CORPORATIONS		Apr 17 Secr		97 8:0 y of S	
	n name	57212 Ment corpora [®]	(5) TION			s dên dên dir aver tên he ker	MARTIN ALTON MARTAL	MINTI MINTI MINTI	
8 n Main Te I gute 1, bo i		68 -AC	iling Address N WAIN TERRACE UTE 1. BOX 91 KE PANASOFFKEE FL	33538-5920		Date Incorporated or Qua	alified 3a	Date of Last R 07/17/1996	
Principal P	Place of Business		Mailing Address			FEI Number		Ar	plied For
Suite, Apl.	#, etc	26	Suite, Apt. #, etc.			59-2204872 5. Certificate of Status Desir	red []	\$8.75	ot Applicable Additional
City & Stat	le	27	City & State			Election Campaign Finance			aquired May Be
Zip	Coun	28 Irv	Zip	Country		Trust Fund Contribution This corporation has liable		Added	to Fees
<u> </u>	25	29 ess of Current Regist		30		Florida Statutes	Yes	s 🗋 No	
WIL	LIAMS, ALLEN E	ase of Current Regist	ered Agent	81 Nam		J. Rame and Address of R	iew Hogisie	ned Ağenr	
	N MAIN TERR			82 Stree		(P.O. Box Number is Not Ac	centablet		
		"			at Address		ioopiasie;		
	(E PANASOFFKEE	L 33538		83	Address				
LAH	(E PANASOFFKEE		07.1508, Florida Statu Ja. Such change was Soction 57 0605	83 84 City		· · · · · · · · · · · · · · · · · · · ·		FL	Code ts registered registered
LAX - Pursuant office or r agent. La IGNATURE 2.	KE PANASOFFKEE I		il applicable. (NC	83 84 City	ed corporat	ion submits this statement for board of directors. I hereby	or the purpo y accept the	FL se of changing it appointment as	ts registered registered IS IN 12
LAK 1. Pursuant office or r agent. La IGNATURE 2. TLE AME	to the provisions of So registered agent, or bo an familiar with, and ac Signarize type disc punted na DP WILLIAMS, GARY	ctions 607.0502 and 60 th, in the State of Floric cept the obligations of ne of registured agent and title OFFICERS AND DIREC	il applicable. (NC TORS	83 84 City authorized by the c lorida Statutes. DTE Registered Agent signa 13. 1.1 TiTLE 1.2 NAME	ed corporat orporation's	ion submits this statement for board of directors. I hereby renreinstating)	or the purpo y accept the	FL se of changing if appointment as ATE AND DIRECTOR	ts registered registered IS IN 12
LAK I. Pursuant office or r agont. I a IGNATURE 2. ILE NME REFLADDRESS TY-SL-ZIP	to the provisions of Se registered agent, or be am familiar with, and ac Signar ne type disc predied na DP WILLIAMS, GARY 2817 CORRINNE TAMPA FL	ctions 607.0502 and 60 th, in the State of Floric cept the obligations of ne of registured agent and title OFFICERS AND DIREC	II applicable. (NC ITORS DELETE	83 84 City utes, the above-name authorized by the c forida Statutes. 1000000000000000000000000000000000000	ed corporat orporation's	ion submits this statement for board of directors. I hereby renreinstating)	or the purpo y accept the	FL	ts registered registered IS IN 12
LAK I. Pursuant office or r agont. La IGNATURE 2. ILE REFLADDRESS IY-SI-ZIP DLE REFLADDRESS	CE PANASOFFKEE I to the provisions of So registered agent, or bo an familiar with, and ac Signar rai type disc publied na DP WILLIAMS, GARY 2817 CORRINNE TAMPA FL DST WILLIAMS, ALLEI RT 1 BOX 91	ctions 607.0502 and 60 th, in the State of Floric cept the obligations of the of registured agent and title OFF ICE RS AND DIREC ST.	il applicable. (NC TORS	83 84 City Jtes, the above-name authorized by the c forida Statutes. 5 DTE Registered Agent spre- forida Statutes. 11 11 13 12 NAME 13 STREET ADDRES 14 City-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRES	ed corporation's prporation's ure required with S	ion submits this statement for board of directors. I hereby renreinstating)	or the purpor y accept the DA	FL	ts registered registered IS IN 12
LAK Pursuant office or r agont. La GNATURE LE ME REELADDRESS IY-SI-ZIP LE ME REETADDRESS IY-SI-ZIP	Lo the provisions of So registored agent, or bo an familiar with, and ac Storar no type disc platted na DP WILLIAMS, GARY 2817 CORRINNE TAMPA FL DST WILLIAMS, ALLEF	ctions 607.0502 and 60 th, in the State of Floric cept the obligations of the of registured agent and title OFF ICE RS AND DIREC ST.	II applicable. (NC ITORS DELETE	83 84 Dites, the above-name authorized by the c forida Statutes. DTE Registered Agent signal 13 1.1 1.2 NAME 1.3 1.4 2.1 2.1 2.1 2.1	ed corporation's prporation's ure required with S	ion submits this statement for board of directors. I hereby en reinstaling) ADDITIONS/CHANGES TO	or the purpor y accept the DA	FL	ts registered registered IS IN 12
LAK Pursuant office or r agont. I a GNATURE LE ME REET ADDRESS IY-SI-ZIP LE ME REET ADDRESS IY-SI-ZIP LE ME ME	CE PANASOFFKEE I to the provisions of So registered agent, or bo an familiar with, and ac Signar rai type disc publied na DP WILLIAMS, GARY 2817 CORRINNE TAMPA FL DST WILLIAMS, ALLEI RT 1 BOX 91	ctions 607.0502 and 60 th, in the State of Floric cept the obligations of the of registured agent and title OFF ICE RS AND DIREC ST.	I applicable. (NC TORS DELETE	83 84 City authorized by the c forida Statutes. 37E Repistered Agent signa 13. 1.1 TifLE 1.2 NAME 1.3 STREET ADDRES 1.4 CitY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CitY-ST-ZIP 3.1 TITLE 3.2 NAME	ed corporation's orporation's ure required with s s s 6 8	ion submits this statement for board of directors. I hereby en reinstaling) ADDITIONS/CHANGES TO	or the purpor y accept the DA	FL	ts registered registered IS IN 12
LAK Pursuant office or r agont. 1 a GNATURE IE ME REFI ADDRESS (Y-S1-7)P IE ME REFI ADDRESS (Y-S1-7)P	CE PANASOFFKEE I to the provisions of So registered agent, or bo an familiar with, and ac Signar rai type disc publied na DP WILLIAMS, GARY 2817 CORRINNE TAMPA FL DST WILLIAMS, ALLEI RT 1 BOX 91	ctions 607.0502 and 60 th, in the State of Floric cept the obligations of the of registured agent and title OFF ICE RS AND DIREC ST.	I applicable. (NC TORS DELETE	83 84 City Jtes, the above-name authorized by the c forida Statutes. DTE Registered Agent spre 13. 1.1 TifLE 1.2 NAME 1.3 STREET ADDRES 1.4 CiTY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRES 2.4 CiTY-ST-ZIP 3.1 TIFLE	ed corporation's orporation's ure required with s s s 6 8	ion submits this statement for board of directors. I hereby en reinstaling) ADDITIONS/CHANGES TO	or the purpor y accept the DA	FL	ts registered registered IS IN 12
LAK Pursuant office or r agont. 1 a GNATURE : IE ME REET ADDRESS IY-S1-7/P ILE ME REET ADDRESS IY-S1-7/P ILE ME REET ADDRESS IY-S1-7/P ILE	CE PANASOFFKEE I to the provisions of So registered agent, or bo an familiar with, and ac Signar rai type disc publied na DP WILLIAMS, GARY 2817 CORRINNE TAMPA FL DST WILLIAMS, ALLEI RT 1 BOX 91	ctions 607.0502 and 60 th, in the State of Floric cept the obligations of the of registured agent and title OFF ICE RS AND DIREC ST.	I applicable. (NC TORS DELETE	83 84 City authorized by the c forida Statutes. DTE Registered Agent signal 13. 1.1 TifLE 1.2 NAME 1.3 STREET ADORES 1.4 CitY-ST-ZIP 2.1 TifLE 2.2 NAME 2.3 STREET ADORES 2.4 CitY-ST-ZIP 3.1 TifLE 3.2 NAME 3.3 STREET ADORES 3.4 CitY-ST-ZIP 3.1 TifLE 3.2 NAME 3.3 STREET ADORES 3.4 CitY-ST-ZIP 4.1 TifLE	ed corporation's orporation's ure required with s s s 6 8	ion submits this statement for board of directors. I hereby en reinstaling) ADDITIONS/CHANGES TO	or the purpor y accept the DA	FL	ts registered registered IS IN 12 Addition
LAK Pursuant office or r agont. 1 a GNATURE : IE REFI ADDRESS IY-S1-ZIP ILE ME REFI ADDRESS IY-S1-ZIP ILE ME REFI ADDRESS IY-S1-ZIP ILE ME ME REFI ADDRESS IY-S1-ZIP ILE ME	CE PANASOFFKEE I to the provisions of So registered agent, or bo an familiar with, and ac Signar rai type disc publied na DP WILLIAMS, GARY 2817 CORRINNE TAMPA FL DST WILLIAMS, ALLEI RT 1 BOX 91	ctions 607.0502 and 60 th, in the State of Floric cept the obligations of the of registured agent and title OFF ICE RS AND DIREC ST.		83 84 City authorized by the c forida Statutes. 3 13 1.1 Taffle 12 NAME 13 STREET ADORES 14 City-ST-ZIP 21 Tiffle 22 NAME 23 STREET ADORES 2 4 City-ST-ZIP 3.1 Tiffle 3.2 NAME 3.3 STREET ADORES 3.4 City-ST-ZIP 3.4 City-ST-ZIP	s 6 8	ion submits this statement for board of directors. I hereby en reinstaling) ADDITIONS/CHANGES TO	or the purpor y accept the DA	FL	ts registered registered IS IN 12 Addition
LAK Pursuant office or r agont. 1 a GNATURE IE ME REFI ADDRESS IY-S1-ZIP ILE ME REFI ADDRESS IY-S1-ZIP ILE ME REFI ADDRESS IY-S1-ZIP	CE PANASOFFKEE I to the provisions of So registered agent, or bo an familiar with, and ac Signar rai type disc publied na DP WILLIAMS, GARY 2817 CORRINNE TAMPA FL DST WILLIAMS, ALLEI RT 1 BOX 91	ctions 607.0502 and 60 th, in the State of Floric cept the obligations of the of registured agent and title OFF ICE RS AND DIREC ST.		83 84 City 2 authorized by the c Florida Statutes. 2 authorized Agent signal 13. 1.1 TifLE 1.2 NAME 1.3 STREET ADORES 1.4 City-ST-ZIP 2.1 TifLE 2.2 NAME 2.3 STREET ADORES 2.4 City-ST-ZIP 3.1 TifLE 3.2 NAME 3.3 STREET ADORES 3.4 City-ST-ZIP 3.1 TifLE 3.2 NAME 3.3 STREET ADORES 3.4 City-ST-ZIP 4.1 TifLE 4.2 NAME 4.3 STREET ADORES 3.4 City-ST-ZIP 4.1 TifLE 4.2 NAME 4.3 STREET ADORES 4.4 City-ST-ZIP	s 6 8	ion submits this statement for board of directors. I hereby en reinstaling) ADDITIONS/CHANGES TO	or the purpor y accept the DA	FL	ts registered registered RS IN 12 Addition
LAK Pursuant office or r agont. 1 a GNATURE L E REFI ADDRESS IY-S1-ZIP L ME REFI ADDRESS IY-S1-ZIP L REFI ADDRESS IY-S1-ZIP L REFI ADDRESS IY-S1-ZIP L R R E IY-S1-ZIP L L E R E I I I I I I I I I I I I I	CE PANASOFFKEE I to the provisions of So registered agent, or bo an familiar with, and ac Signar rai type disc publied na DP WILLIAMS, GARY 2817 CORRINNE TAMPA FL DST WILLIAMS, ALLEI RT 1 BOX 91	ctions 607.0502 and 60 th, in the State of Floric cept the obligations of the of registured agent and title OFF ICE RS AND DIREC ST.		83 84 City authorized by the c lorida Statutes. DTE Registered Agent signal 13. 1.1 TifLE 1.2 NAME 1.3 STREET ADORES 1.4 CitY-ST-ZIP 2.1 TifLE 2.2 NAME 2.3 STREET ADORES 2.4 CitY-ST-ZIP 3.1 TifLE 3.2 NAME 3.3 STREET ADORES 3.4 CitY-ST-ZIP 3.1 TifLE 3.2 NAME 3.3 STREET ADORES 3.4 CitY-ST-ZIP 4.1 TifLE 4.2 NAME 4.3 STREET ADORES 3.4 STREET ADORES 3.4 CitY-ST-ZIP 4.1 TifLE 4.2 NAME 4.3 STREET ADORES	s 6 8	ion submits this statement for board of directors. I hereby en reinstaling) ADDITIONS/CHANGES TO	or the purpor y accept the DA	FL	ts registered registered IS IN 12 Addition
LAK Pursuant office or r agont. 1 a GNATURE LE ME REELADDRESS IY-S1-ZIP LE ME REELADDRESS IY-S1-ZIP LE ME REELADDRESS IY-S1-ZIP LE ME REELADDRESS IY-S1-ZIP	CE PANASOFFKEE I to the provisions of So registered agent, or bo an familiar with, and ac Signar rai type disc publied na DP WILLIAMS, GARY 2817 CORRINNE TAMPA FL DST WILLIAMS, ALLEI RT 1 BOX 91	ctions 607.0502 and 60 th, in the State of Floric cept the obligations of the of registured agent and title OFF ICE RS AND DIREC ST.		83 84 City Jtes, the above-name authorized by the chorida Statutes. DTE Registered Agent signal 13. 11.171LE 12.NAME 13.STREET ADDRES 14.CitY-ST-ZIP 21.TITLE 22.NAME 23.STREET ADDRES 24.CitY-ST-ZIP 31.TITLE 32.NAME 33.STREET ADDRES 34.CitY-ST-ZIP 31.TITLE 32.NAME 33.STREET ADDRES 34.CitY-ST-ZIP 41.TITLE 4.2.NAME 4.3.STREET ADDRES 44.CitY-ST-ZIP 5.1.TITLE 5.2.NAME 5.3.STREET ADDRES	s 6 8	ion submits this statement for board of directors. I hereby en reinstaling) ADDITIONS/CHANGES TO	or the purpor y accept the DA	FL	ts registered registered IS IN 12 Addition
LAR Pursuant office or r agont. 1 a IGNATURE 2. ILE AME IREET ADDRESS TY-S1-ZIP TLE AME IREET ADDRESS TY-S1-ZIP TLE IREET ADDRESS TY-S1-ZIP TLE IREET ADDRESS TY-S1-ZIP TLE IREET ADDRESS TY-S1-ZIP	CE PANASOFFKEE I to the provisions of So registered agent, or bo an familiar with, and ac Signar rai type disc publied na DP WILLIAMS, GARY 2817 CORRINNE TAMPA FL DST WILLIAMS, ALLEI RT 1 BOX 91	ctions 607.0502 and 60 th, in the State of Floric cept the obligations of the of registured agent and title OFF ICE RS AND DIREC ST.		83 84 City authorized by the chorida Statutes. DTE Registered Agent signal 13. 11.11/11LE 1.2 NAME 1.3 STREET ADDRES 1.4 CitY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CitY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CitY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CitY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CitY-ST-ZIP 5.1 TITLE 5.2 NAME	s 6 8	ion submits this statement for board of directors. I hereby en reinstaling) ADDITIONS/CHANGES TO	or the purpor y accept the DA	FL	ts registered registered
LAK 1. Pursuant office or r agont. La IGNATURE 2. TLE AME IREET ADDRESS ITY-SL-ZIP TLE AME IREET ADDRESS ITY-SL-ZIP TLE AME IREET ADDRESS ITY-SL-ZIP TLE AME IREET ADDRESS ITY-SL-ZIP TLE AME IREET ADDRESS ITY-SL-ZIP TLE AME	CE PANASOFFKEE I to the provisions of So registered agent, or bo an familiar with, and ac Signar rai type disc publied na DP WILLIAMS, GARY 2817 CORRINNE TAMPA FL DST WILLIAMS, ALLEI RT 1 BOX 91	ctions 607.0502 and 60 th, in the State of Floric cept the obligations of the of registured agent and title OFF ICE RS AND DIREC ST.	I applicable. (NC TORS DELETE DELETE DELETE DELETE DELETE DELETE	83 84 City Jtes, the above-name authorized by the c forida Statutes. DTE Registered Agent egnal 13. 1.1 Trille 1.2 NAME 1.3 STREET ADDRES 1.4 CitY-ST-ZIP 2.1 TTILE 2.2 NAME 2.3 STREET ADDRES 2.4 CitY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CitY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CitY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 3.4 CitY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRES 5.4 CitY-ST-ZIP 6.1 TITLE 5.2 NAME	s 6 8 s 5 s	ion submits this statement for board of directors. I hereby en reinstaling) ADDITIONS/CHANGES TO	or the purpor y accept the DA	FL	ts registered registered IS IN 12 Addition
LAR 1. Pursuant office or r agont. La IGNATURE 2. TLE AME IGNATURE 2. ILE AME IREET ADDRESS ITY-SL-ZIP ILE AME IREET ADDRESS ITY-SL-ZIP ILE AME IREET ADDRESS ITY-SL-ZIP ILE AME IREET ADDRESS ITY-SL-ZIP ILE	CE PANASOFFKEE I to the provisions of So registered agent, or bo an familiar with, and ac Signar rai type disc publied na DP WILLIAMS, GARY 2817 CORRINNE TAMPA FL DST WILLIAMS, ALLEI RT 1 BOX 91	ctions 607.0502 and 60 th, in the State of Floric cept the obligations of the of registured agent and title OFF ICE RS AND DIREC ST.	I applicable. (NC TORS DELETE DELETE DELETE DELETE DELETE DELETE	83 84 City Jtes, the above-name authorized by the chorida Statutes. DTE Registered Agent eignal 13. 11.17/1LE 12.NAME 13.STREET ADDRES 14.CitY-ST-ZIP 21.TITILE 22.NAME 23.STREET ADDRES 2.4.CitY-ST-ZIP 3.1.TITLE 3.2.NAME 3.3.STREET ADDRES 3.4.CitY-ST-ZIP 4.1.TITLE 4.2.NAME 4.3.STREET ADDRES 3.4.CitY-ST-ZIP 5.1.TITLE 5.2.NAME 5.3.STREET ADDRES 5.4.CitY-ST-ZIP 5.1.TITLE 5.2.NAME 5.3.STREET ADDRES 5.4.CitY-ST-ZIP 5.1.TITLE 5.2.NAME 5.3.STREET ADDRES 5.4.CitY-ST-ZIP 5.1.TITLE	s 6 8 s 5 s	ion submits this statement for board of directors. I hereby en reinstaling) ADDITIONS/CHANGES TO	or the purpor y accept the DA	FL	ts registered registered IS IN 12 Addition