

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 23 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000006603 (4)**

1. Corporation Name  
**PANGO SALES, INC.**



Principal Place of Business <b>200 APOLLO BEACH PLAZA SUITE 116 APOLLO BEACH FL 33572 US</b>	Mailing Address <b>6418 HWY 41 NORTH SUITE 180 APOLLO BEACH FL 33572-1803 US</b>
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3. Date Incorporated or Qualified <b>12/27/1994</b>	3a. Date of Last Report <b>03/14/1996</b>
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21. Principal Place of Business <b>205 Apollo Beach Blvd</b> Suite, Apt. #, etc. <b>Suite 116</b> City & State <b>Apollo Beach, FL</b> Zip <b>33572</b>	22. Mailing Address <b>205 Apollo Beach Blvd</b> Suite, Apt. #, etc. <b>Suite 116</b> City & State <b>Apollo Beach, FL</b> Zip <b>33572</b>	23. Country <b>USA</b>	24. Country <b>USA</b>
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4. FEI Number <b>58-2101851</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SEYMOUR, SCOTT  
6514 BLACKFIN WAY  
APOLLO BEACH FL 33572**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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: Scott Seymour Scott Seymour 4/16/97  
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 <b>P</b>	NAME <b>BLACKMON, STEVE</b>	STREET ADDRESS <b>921 EAGLE LANE</b>	CITY - ST - ZIP <b>APOLLO BEACH FL</b>	<input type="checkbox"/> DELETE
TITLE <b>STC</b>	NAME <b>SEYMOUR, SCOTT</b>	STREET ADDRESS <b>6514 BLACKFIN WAY</b>	CITY - ST - ZIP <b>APOLLO BEACH FL 33572</b>	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>6315 Cocoa</b>
2.4 CITY - ST - ZIP	<b>Apollo Beach, FL 33572</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(l), 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: Michael Scott Seymour 4/16/97 813-641-1829  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)