

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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0106314

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
 98 JUL 17 PM 12: 51

DOCUMENT # H64543 (2)
 1. Corporation Name
PAGANI, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business: **3903 SO. SEMORAN BLVD. ORLANDO FL 32822**
 Mailing Address: **2531 BOGGY CREEK ROAD KISSIMMEE FL 32744**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **07/01/1985**
 4. FEI Number: **59-2855128**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

9. Name and Address of Current Registered Agent
GAUCHAT, DIANA S
2531 BOGGY CREEK ROAD
KISSIMMEE FL 34744

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	GAUCHAT, DIANA S.	
STREET ADDRESS	2531 BOGGY CREEK RD	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PALAZZOLO, ARLENE MD	
STREET ADDRESS	2531 BOGGY CREEK RD	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	800002594518--1
1.4 CITY-ST-ZIP	-07/21/98--01096--014
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	***150.00 ***150.00
2.4 CITY-ST-ZIP	
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 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: _____

CR2E034 (5/98)

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**OCOEE FAMILY
MEDICAL CENTER**

**FIRST AID FAMILY
MEDICAL CENTER**



**REGENCY FAMILY
MEDICAL CENTER**

**LAKEPOINT FAMILY
MEDICAL CENTER**

**BVL FAMILY
MEDICAL CENTER**

July 6, 1998

Division of Corporations
Annual Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

On February 23, 1998, our business offices were destroyed by an F-4 tornado. We were able to salvage many of our records. However others were either destroyed by the storm or lost because of interruption of mail service. Apparently our Annual Report forms were among those missing.

To be perfectly honest what with moving twice, setting up in a new location and trying to get everything dried out, I did not even think about Annual Reports until your Second Notice arrived in the mail today.

The tornado damage to our area was so severe that we were declared a disaster area. Our failure to file was not due to willful neglect, rather by circumstances beyond our control that completely (and I mean completely) disrupted our organizational lives. Therefore I am requesting that the \$400.00 late fee be rescinded.

Thanking you in advance, I remain

Yours truly,

Helen Drane, Business Manager