

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90004 045 \*\*\*150.00

0100137

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **H64543**

1. Corporation Name

**PAGANI, INC.**



Principal Place of Business  
**3303 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**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

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 the current year Intangible Personal Property.  Yes  No

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 85 Zip Code **FL**

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

*Diana S. Gauchat*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/99**  
 Date

**409 944-1098**  
 Daytime Phone #

CR2E034 (5/99)

**OCOEE FAMILY  
MEDICAL CENTER**



**LAKEPOINT FAMILY  
MEDICAL CENTER**  
588611-90004-45

**FIRST AID FAMILY  
MEDICAL CENTER**

**BUL FAMILY  
MEDICAL CENTER**

**REGENCY FAMILY  
MEDICAL CENTER**

2551 Boggy Creek Road, Kissimmee, FL 34744

June 30, 1999

To Whom It May Concern:

On February 23, 1998, our main Medical Center was hit by a tornado. The Business Office was demolished, thus many of our payables were either blown away or soaked. We did manage to locate four of our Annual Reports and these were paid in late March. We were not aware of missing some of our Annual Reports as we were cleaning up, paying bills and training a new bookkeeper.

We only learned of the missing payments on this date when we received the 2<sup>nd</sup> Notice in the mail. As such, we are enclosing the \$150.00, requesting this be accepted in view of the above. Your cooperation in this matter is appreciated.

Cordially,

Diana S. Gauchat  
CEO/Director

Enclosure (1)

DSG:caf