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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J82583 (2)

1. Corporation Name
PBN ENTERPRISES, INC.

Principal Place of Business
2121 MCCLELLAN PARKWAY
SARASOTA FL 34239

Mailing Address
2121 MCCLELLAN PARKWAY
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/02/1987

3a. Date of Last Report
04/26/1994

21 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number
59-2832048

Applied For
Not Applicable

22 City & State

28 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILKE, PAUL
2121 MCCLELLAN PARKWAY
SARASOTA FL 34239

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 607.1503, 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 re-registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

WILKE, WILLIAM J.
2249 GROVE STREET
SARASOTA FL

1.1 TITLE

Change Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY - ST - ZIP

1.4 CITY - ST - ZIP

TITLE

VST

WILKE, PAUL
2121 MCCLELLAN PARKWAY
SARASOTA FL

2.1 TITLE

Change Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY - ST - ZIP

2.4 CITY - ST - ZIP

TITLE

NAME

3.1 TITLE

Change Addition

STREET ADDRESS

3.2 NAME

CITY - ST - ZIP

3.3 STREET ADDRESS

TITLE

NAME

4.1 TITLE

Change Addition

STREET ADDRESS

4.2 NAME

CITY - ST - ZIP

4.3 STREET ADDRESS

TITLE

NAME

5.1 TITLE

Change Addition

STREET ADDRESS

5.2 NAME

CITY - ST - ZIP

5.3 STREET ADDRESS

TITLE

NAME

6.1 TITLE

Change Addition

STREET ADDRESS

6.2 NAME

CITY - ST - ZIP

6.3 STREET ADDRESS

TITLE

NAME

6.4 CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Paul Wilke

4-27-95

813-951-2426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number