FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 4:07

DOCUMENT # L02969 (8)

1. Corporation Name
PAN PACIFIC DEVELOPMENT (FLORIDA) INC.

Principal Place of Business	Mailing Address
1145 EAST SUNSET DRIVE. SUITE 110 BELLINGHAM WA 98226	1145 EAST SUNSET DRIVE. SUITE 110 BELLINGHAM WA 98226

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/19/1989
3a. Date of Last Report: 03/21/1994

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

4. FEI Number: 06-1273672 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	☐ Change ☐ Addition
NAME	SHERMAN, THEODORE I	1.2 NAME	
STREET ADDRESS	131 BLOOR ST #300	1.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M5S -1R1	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	TANZ, STUART A	2.2 NAME	
STREET ADDRESS	1631-B S MELROSE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	VISTA CA 92083	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	BILLINGSLEY, JAMES E	3.2 NAME	
STREET ADDRESS	1145 E SUNSET DR SUITE 110	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLINGHAM WA	3.4 CITY-ST-ZIP	
TITLE	VC	4.1 TITLE	☐ Change ☐ Addition
NAME	MCMERTY, BRIAN J	4.2 NAME	
STREET ADDRESS	1145 E SUNSET DR SUITE 110	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLINGHAM WA 98226	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☒ Change ☐ Addition
NAME	STAUFFER, JEFFREY S.	5.2 NAME	
STREET ADDRESS	4760 W. SAHARA, SUITE 25	5.3 STREET ADDRESS	1631-B S. Melrose Dr.
CITY-ST-ZIP	LAS VEGAS NV	5.4 CITY-ST-ZIP	Vista, CA 92083
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: _____ 1/12/95 (Date) 206-738-8040 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

040211 - FN