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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

L02969

(8)

PAN PACIFIC DEVELOPMENT (FLORIDA) INC.

FILED May 18 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	Mailing Address				t ranifütt att antta setta artta satt aras anns anns anns anns ares andt				
1631-B S. MELROSE DRIVE		1631-B S. MELROSE D	1631-B S. MELROSE DRIVE								
VISTA CA 92083		VISTA CA 92083									
							DO NOT WRITE IN THIS SPACE				
							Incorporated or Qualifie 19/1989	ed			
2. Principal Pi	ace of Business	2a. Mailing Address	2a. Mailing Address				lumber		TAr	plied For	
21		26					3-1273672		_ 	t Applicable	
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.							\$8.75		
22		27				5. Certif	ficate of Status Desired		Fee Re		
City & State	9	City & State				8 Flect	ion Campaign Financing	1	\$5.00	May Ro	
23			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Ž ip	Country	Zip	Соиг			-	corporation owes or has	paid the cur	rent year Int	angible	
24	25	29	30	-		1 -	onal Property Tax due J	· _	_] No	
Name and Address of Current Registered Age			nt				10. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM					Name					, , , ,	
	O SOUTH PINE ISLAND ROAD						· 			,	
	INTATION FL 33324		82 Street			iddress (P.O. Bo	ox Number is Not Accep	otable)			
, ,	ATILITION I F OODEA		ŀ	83							
				-							
				84	City				85 Zip	Code	
							1. 0	FL			
11. Pursuant t	to the provisions of Sections 607 050 egistered agent, or both, in the State	J2 and 607.1508, Fl onda Sta : of Florida, Such ch ange w a	itutes, the at as authorized	evoc d by	named c the corpo	corporation subt oration's board	mits this statement for the of directors. I hereby ac	ne purpose of scept the app	changing it ointment as	s registered realistered	
agent. I ar	m fa miliar with, and accept the obliq	ptions of, Section 607.0505,	Florida Stat	utes			,			Ĭ	
SIGNATURE											
	Signature, typica or printed name, of region rest alp			l Age	nt signature n	required when reinstat		DATE			
12.	OFFICERS AN	ID DIRECTORS DELETE	13.		- 1-	ADDIT	IONS/CHANGES TO OF		DIRECTOR Change		
TITLE		[_] DEFEIG	1.1 [1]						Laj unange	☐ Addition	
NAME	TANZ, RUSSELL E	000	1.2 NA		T-	neovok	-E Sherman	<u> </u>			
STREET ADDRESS 131 BLOOR STREET, SUITE 300			1.3 \$1	1.3 STREET ADDRESS 13			ST, Suite 3		A .		
CITY+ST-ZIP	TORONTO, ONTARIO CANAD		1.4 CI	14-S1			Ontario				
TITLE			2.1 TIT	ΙE	17	Director	/treasurer/	C FO	Change :	☐ Addition	
NAME	TANZ, STUART A		2 2 NAME			Richard	F. Fletche	•		i	
STREET ADDRESS	1631-B S MELROSE DR		2.3 ST	REET .	ADDRESS	191 Bloo	r 95., Suite	300			
CITY-ST-ZIP	VISTA CA 92083		2.4 CI	ITY-S	7-7IP	Town	CO PAT 1	M53-	181		
TITLE	EVCT	DELETE	3.1 TIT	TLE .		Directe	or Secreta	rý	Change Change	Addition	
NAME	ADLARD , DAVID L		3.2 NA	ME.		70 m. 1 Na1 m	Hellen .				
STREET ADDRESS	1631-B S. MELROSE DR		3.3 \$1	REET.	ADDRESS	131 3100	or St. Suit	e 300			
CITY-SI-ZIP	VISTA CA 92083		3.4 CI				D ONT N		181	j	
TITLE	CCA	DELETE	4.1 70					<u> </u>	Change	Addition	
NAME	SNEVE, LAURIE A.		4, 2 N						-		
STREET ADDRESS	1631-B S. MELROSE DR				ADDRESS						
CITY-ST-ZIP	VISTA CA 92083		4.4 CI								
TITLE	87	DELETE	5.1 117		, E11			.	Change	Addition	
NAME	OTALIEEED IECEDEV C		5.2 NA						•		
	1631-B S MELROSE DR		5.3 STREET A		*UUDE CC						
STREET ADDRESS	VISTA CA 92083				1						
CITY-ST-ZIP	HOIN ON GEOOD	DELETE	5.4 CI		1-211				Change	Addition	
TITLE			6.1 111						ougula	L AGGIDOR	
NAME			6.2 NA								
STREET ADDRESS			6351	REET	ADDRESS						
CITY-ST-ZIP	- 		6 4 CI				. A 2 (A) (A) (B)	. 14		1	
14 I hereby o	e rtify that the information supplied v	v.th this filing does not qualif	v for the exe	emnt	uon stated	a in Section 119	LU7(3)(i). Florida Statute	s. I further ce	rury inat the	information I	

Infereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes, Turther certify that the information indicated on this annual report or suppliemental amunual 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 in an attachment with an address.