

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L85982(1)**

1. Corporation Name

Pawnee Ventures Corp.

Principal Place of Business
**440 Royal Palm Way
Suite 200
Palm Beach, FL
33480**

Mailing Address
**440 Royal Palm Way
Suite 200
Palm Beach, FL
33480**

3. Date Incorporated or Qualified
07/06/90

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0246804

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**L. Frank Chopin
440 Royal Palm Way
Suite 200
Palm Beach, FL
33480**

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

Signature of person named as registered agent in the corporation

Signature of Registered Agent or other person named as such agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P/S/D** DELETE
NAME **Chopin, L. Frank**
STREET ADDRESS **440 Royal Palm Way; Suite 200**
CITY, ST, ZIP **Palm Beach, FL 33480**

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

2. TITLE Change Addition
2. NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE Change Addition
3. NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE Change Addition
4. NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE Change Addition
5. NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE Change Addition
6. NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

**100001764181
-04/01/96--01026--022
***200.00**

3-30-96

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)(k), 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 a 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 appointment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. Frank Chopin

3/21/96

(407) 655-9500

CR2E034 (12/95)