

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
Apr 30 1997 8:00am  
Secretary of State**DOCUMENT # N48435 (4)**  
1. Corporation Name  
**PAGAN ALLIED NETWORK INTERNATIONAL, INCORPORATED**Principal Place of Business  
**9808 CYPRESS ST.  
TAMPA FL 33635**  
Mailing Address  
**P.O. BOX 290864  
TEMPLE TERRACE FL 33687-0864**3. Date Incorporated or Qualified  
**04/13/1992**  
3a. Date of Last Report  
**04/19/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3207321</b>		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		25. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					
25. Country		30. Country					

## 9. Name and Address of Current Registered Agent

**CLEAR, DEBRA  
1813 N. RIVER HILLS DR.  
TEMPLE TERRACE FL 33617**

## 10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number Is Not Acceptable)	
83. City	
84. State	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-18-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D CLEAR, DEBRA</b>	1.2 NAME	
STREET ADDRESS	<b>1813 N. RIVERHILLS DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D ANN MARIE AUGUSTINO</b>	2.2 NAME	
STREET ADDRESS	<b>7139 62ND ST N</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T CLEAR, RICHARD</b>	3.2 NAME	
STREET ADDRESS	<b>1813 N. RIVERHILLS DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P SIEKIRK, NORMAN</b>	4.2 NAME	
STREET ADDRESS	<b>9808 CYPRESS ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D COOK, JOE</b>	5.2 NAME	
STREET ADDRESS	<b>1160 PERSIMON DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D JAMES BLAKE</b>	6.2 NAME	
STREET ADDRESS	<b>7139 62ND ST N</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-19-97 (813) 972-1760**  
Daytime Phone # **0049400**

CFR2E037 (9/96)