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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P31824 (6)

1. Corporation Name

VICTOR S. PANKEY, INC.



Principal Place of Business

455 E PIKES PEAK
305
COLORADO SPRINGS CO 80903
US

Mailing Address

3264 SHEARER CROSSING
BONSALL CA 92003

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GRAY, N. DWAYNE, JR.
201 SOUTH ORANGE AVENUE
SUITE 760, BARNETT PLAZA
ORLANDO FL 32801

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, type or print name of registered agent and date of acceptance

Signature, type or print name of registered agent and date of acceptance

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
PCD	PANKEY, VICTOR S.	3264 SHEARER CROSSING	BONSALL CA
VD	SIKORA, WARREN	2913 PULLMAN ST., #B	SANTA ANA CA
SD	PRICE, DONALD R.	2913 PULLMAN ST., #B	SANTA ANA CA
T	PANKEY, CHRISTINA	3264 SHEARER CROSSING	BONSALL CA
V	HILDERBRAND, JERRY R	455 E PIKES PEAK STE 305	COLORADO SPRINGS CO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP
2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. TITLE
3. STREET ADDRESS	4. CITY-STATE-ZIP	5. TITLE	6. NAME
4. CITY-STATE-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-STATE-ZIP
6. NAME	7. STREET ADDRESS	8. CITY-STATE-ZIP	9. TITLE
7. STREET ADDRESS	8. CITY-STATE-ZIP	9. TITLE	10. NAME
8. CITY-STATE-ZIP	9. TITLE	10. NAME	11. STREET ADDRESS
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-STATE-ZIP
10. NAME	11. STREET ADDRESS	12. CITY-STATE-ZIP	13. TITLE
11. STREET ADDRESS	12. CITY-STATE-ZIP	13. TITLE	14. NAME
12. CITY-STATE-ZIP	13. TITLE	14. NAME	15. STREET ADDRESS
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY-STATE-ZIP
14. NAME	15. STREET ADDRESS	16. CITY-STATE-ZIP	17. TITLE
15. STREET ADDRESS	16. CITY-STATE-ZIP	17. TITLE	18. NAME
16. CITY-STATE-ZIP	17. TITLE	18. NAME	19. STREET ADDRESS
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY-STATE-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)(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 the incorporator 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96 6197280270

CR2E034 (12/95)