

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

FILED

Feb 25 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 92003-2316**



3. Date Incorporated or Qualified <b>11/19/1990</b>	3a. Date of Last Report <b>04/10/1996</b>
4. FEI Number <b>84-0809710</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 <b>FALLBROOK CA</b>
24 Country	29 <b>92028</b>
25	30

9. Name and Address of Current Registered Agent  
**GRAY, N. DWAYNE, JR.  
201 SOUTH ORANGE AVENUE  
SUITE 760, BARNETT PLAZA  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 <b>135 West CENTRAL Blvd</b>
84 <b>STE 1100, South Trust Bank Bldg</b>
85 City
<b>ORLANDO</b>
86 State
<b>FL</b>
87 Zip Code
<b>32801</b>

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PCD <input type="checkbox"/> DELETE
NAME	PANKEY, VICTOR S.
STREET ADDRESS	3264 SHEARER CROSSING
CITY-ST-ZIP	BONSALL CA
TITLE	VD <input type="checkbox"/> DELETE
NAME	SIKORA, WARREN
STREET ADDRESS	2913 PULLMAN ST., #B
CITY-ST-ZIP	SANTA ANA CA
TITLE	SD <input type="checkbox"/> DELETE
NAME	PRICE, DONALD R.
STREET ADDRESS	2913 PULLMAN ST., #B
CITY-ST-ZIP	SANTA ANA CA
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	PANKEY, CHRISTINA
STREET ADDRESS	3264 SHEARER CROSSING
CITY-ST-ZIP	BONSALL CA
TITLE	V <input type="checkbox"/> DELETE
NAME	HILDERBRAND, JERRY R
STREET ADDRESS	455 E PIKES PEAK STE 305
CITY-ST-ZIP	COLORADO SPRINGS CO
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>FALLBROOK, CA 92028</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>10 CORPORATE PARK, STE 300</b>
2.4 CITY-ST-ZIP	<b>IRVING, CA 92714-5140</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>10 CORPORATE PARK, STE 300</b>
3.4 CITY-ST-ZIP	<b>IRVING, CA 92714-5140</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**VICTOR S. PANKEY** 2-21-97 619 728 0270

CR2E034 (9/96)