

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000036547 (6)**

1. Corporation Name
PAIN & INK, INC.



Principal Place of Business Mailing Address
1750 SHOREVIEW DRIVE INDIALANTIC FL 32903 **1750 SHOREVIEW DRIVE INDIALANTIC FL 32903**

3. Date Incorporated or Qualified **05/19/1993** 3a. Date of Last Report **03/10/1995**

2. Principal Place of Business 21 **25** 2a. Mailing Address 26 **25 MUIRFIELD**

4. FEI Number **59-3182303** Applied For Not Applicable

Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State 23 **DOVE CANYON, CA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip 24 **92679** Country 25 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PANOSIAN, STORMY
~~1750 SHOREVIEW DRIVE~~
~~INDIALANTIC FL 32903~~

81 Name **PANOSIAN, STORMY**
82 Street Address (P.O. Box Number is Not Acceptable) **3202 RIVERWINDS CT**
83 **MELBOURNE BEACH, FL**
84 City **FL** 85 Zip Code **32951**

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 of 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 *Stormy Panosian ST*

5-1-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO	<input type="checkbox"/> DELETE
NAME	PANOSIAN, DANIEL	
STREET ADDRESS	1750 SHOREVIEW DRIVE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PANOSIAN, STORMY	
STREET ADDRESS	1750 SHOREVIEW DRIVE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ST PANOSIAN, STORMY
2.3 STREET ADDRESS	3202 RIVERWINDS CT
2.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 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, unchanged, or on an attachment with an address.

SIGNATURE: *Stormy Panosian*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STORMY PANOSIAN

5-1-96 (714) 459-1818

CR2E034 (12/95)