

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000036547 (6)

1. Corporation Name  
PAIN & INK, INC.



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

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

2. Principal Place of Business 2a. Mailing Address  
21 25 MUIRFIELD  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State 28 DORE CANYON, CA  
24 Zip 25 Country 29 92679 30 USA

4. FEI Number 59-3182303 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
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 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 *Stormy Panosian* ST

(If the Registered Agent Signature is not required, leave blank)

DATE

5-1-96

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. CHANGE	6. ADDITION
ST	PANOSIAN, STORMY	3202 RIVERWINDS CT	MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STORMY PANOSIAN

5-1-96 (714) 459-1818

CR2E034 (12/95)