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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000047353 (6)

1. Corporation Name
PENCHANT, INC.



Principal Place of Business

2095 BISCAYNE BLVD.
SUITE 423
MIAMI FL 33137

Mailing Address

2095 BISCAYNE BLVD.
SUITE 423
MIAMI FL 33137-4537

3. Date Incorporated or Qualified
06/29/1993

3a. Date of Last Report
01/24/1996

4. FEI Number
65-0349514

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

2. Principal Place of Business

21 1602 ALTON ROAD

Suite, Apt. #, etc.

22 SUITE 423

City & State

23 MIAMI BEACH, FL

Zip

24 33139

Country

25 USA

2a. Mailing Address

26 1602 ALTON ROAD

Suite, Apt. #, etc.

27 SUITE 423

City & State

28 MIAMI BEACH, FL

Zip

29 33139

Country

30 USA

9. Name and Address of Current Registered Agent

BALLOU, JOHN
2095 BISCAYNE BLVD.
#423
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1602 ALTON ROAD

SUITE 423

84 City

MIAMI BEACH

FL

85 Zip Code

33139

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 of agent or person authorized to register agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 20, 1997

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME BALLOU, JOHN L.
STREET ADDRESS 2095 BISCAYNE BLVD., STE. 423
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

V
NAME CELEY, LARRY F.
STREET ADDRESS 2095 BISCAYNE BLVD., STE. 423
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

TS
NAME EICKHOFF, ETHEL
STREET ADDRESS 2000 N. STREET, N.W., STE. 410
CITY-ST-ZIP WASHINGTON D.

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1602 ALTON ROAD, STE 423

MIAMI BEACH, FL 33139

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1602 ALTON ROAD, STE 423

MIAMI BEACH, FL 33139

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John L. Ballou JAN 20, 1997 305/375-1165

CR2E034 (9/96)