

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # P93000076090

1. Corporation Name

Pansa Inc.

Principal Place of Business

Mailing Address

Airport Business Center
4707 140th Ave No. #307
PO Box 18073
Clearwater, FL 34622

3. Date Incorporated or Qualified
10-28-93

3a. Date of Last Report
6-14-96

2. Principal Place of Business

2a. Mailing Address

21 4707 140th Ave No.

26 PO Box 18073

State, Apt. #, etc.

State, Apt. #, etc.

22 #307

27

City & State

City & State

23 Clearwater FL

28 Clearwater FL

24 34622

25 USA

29 34622

30 USA

4. FEI Number

65-0790191

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

Stuart M Rubin
4707 140th Ave No. #307
Clearwater, FL 34622

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

(If officer, type or print name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|--|
| TITLE | President | 1.1 TITLE | |
| NAME | Stuart M Rubin | 1.2 NAME | |
| STREET ADDRESS | 4707 140th Ave No. #307 | 1.3 STREET ADDRESS | |
| CITY-STATE-ZIP | Clearwater, FL 34622 | 1.4 CITY-STATE-ZIP | |
| TITLE | Vice Pres. & Secretary | 2.1 TITLE | |
| NAME | Peggy Judah | 2.2 NAME | |
| STREET ADDRESS | 4707 140th Ave No. #307 | 2.3 STREET ADDRESS | |
| CITY-STATE-ZIP | Clearwater, FL 34622 | 2.4 CITY-STATE-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 3.4 CITY-STATE-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 4.4 CITY-STATE-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 5.4 CITY-STATE-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 6.4 CITY-STATE-ZIP | |

700002190537
-05/27/97--01002--010
***165.00

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:

Stuart M. Rubin

Date

Daytime Phone #

CR2E034 (9/96)