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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P9400007347 (5) **DOCUMENT #**

PAN EUROPEAN, INC.

SIGNATURE:

FILED Mar 11 1998 8:00am Secretary of State

Mailing Address Principal Place of Business 94 SPRINGKELL AVE 2600 MAITLAND CENTER PKWY POLLOKSHIELDS GL 34786 SUITE 330 DO NOT WRITE IN THIS SPACE MAITLAND FL 32751 3. Date Incorporated or Qualified 01/31/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 21 59-3314638 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 26 30 Personal Property Tax due June 30. Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PARKS, LINDA G. T 2600 MAITLAND CENTER PKWY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 330 MAITLAND FL 32751 83 84 City 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 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELE TE Change Addition TITLE 11 TITLE **DUNCAN, JAMES J** NAME 1.2 NAME 94 SPRINGKELL AVE STREET ADDRESS 1.3 STREET ADDRESS POLLOKSHIELDS GL 1.4 CITY-ST-ZIP CHY+ST-ZIP DELETE Change Addition 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 3.1 TOTLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I hereby certify that the info indicated on this amply trep officer or director of the cor Block 12 or Block 13 if char es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an temployer of to group of the poor tas required by Chapter 607, Florida Statutes; and that my name appears in