SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.

PROFIT
CORPORATION
ANNUAL REPORT
~~1997~~ 1998

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

FILED
May 06 1998 8:00am
Secretary of State

DOCUMENT # P94000013847 (6)

1. Corporation Name
PERMATANK TECHNOLOGIES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
11710-A HWY 301 NORTH THONOTOSASSA FL 33592	PO BOX 290696 TAMPA FL 33687 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1994
3a. Date of Last Rep: 07/02/1996

2. Principal Place of Business
21 11801 ELYSSA RD.
Suite, Apt. #, etc
22
City & State
23 THONOTOSASSA FL
Zip
24 33592
Country
25 HILLS

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-3229013
Appli
Not A

5. Certificate of Status Desired ☐ $8.75 Adc Fee Requ

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 M Added to F

8. This corporation owes or has paid the current year intan Personal Property Tax due June 30. ☐ Yes ☐ I

9. Name and Address of Current Registered Agent

STERNS, RANDY K
220 S. FRANKLIN ST.
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Co

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 r 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 re agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	☐ DELETE	1.1 TITLE	☑ Change
NAME	PALAZZO, DAVID T		1.2 NAME	
STREET ADDRESS	11710-A HWY. 301 N		1.3 STREET ADDRESS	11801 ELYSSA RD
CITY-ST-ZIP	THONOTOSASSA FL		1.4 CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	D	☐ DELETE	2.1 TITLE	☑ Change
NAME	REDMOND, DAVID L		2.2 NAME	
STREET ADDRESS	11710-A HWY 301 N		2.3 STREET ADDRESS	11801 ELYSSA RD
CITY-ST-ZIP	THONOTOSASSA FL		2.4 CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	VST	☐ DELETE	3.1 TITLE	☑ Change
NAME	BURNETT, JAN G		3.2 NAME	
STREET ADDRESS	11710-A HWY 301 N.		3.3 STREET ADDRESS	11801 ELYSSA RD.
CITY-ST-ZIP	THONOTOSASSA FL		3.4 CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE		☐ DELETE	4.1 TITLE	☐ Change
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change
NAME			6.2 NAME	800002514248
STREET ADDRESS			6.3 STREET ADDRESS	-05/06/98--01115--000
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00

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5.6
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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 th 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 und I am an officer or ... of the corporation or the recei... or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my na appears in Blo... 3 if changed, or on an... nment with an address.

SIGNATURE: Jan G. Burnett 4/22/98 813 986-1043