

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



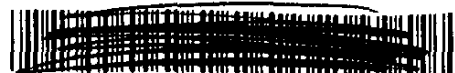
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06 1998 8:00am
Secretary of State

DOCUMENT # P94000013847 (6)

1. Corporation Name

PERMATANK TECHNOLOGIES INTERNATIONAL, INC.



Principal Place of Business

11710-A HWY 301 NORTH
THONOTOSASSA FL 33592

Mailing Address

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 Report

07/02/1996

4. FEI Number

59-3229013

Appl.

Not A

2. Principal Place of Business

21 11801 ELYSSA RD.

2a. Mailing Address

26 Suite, Apt. #, etc

22 Suite, Apt. #, etc

City & State

23 THONOTOSASSA FL

City & State

27 THONOTOSASSA FL

Zip

24 33592

Country

25 Hills

Zip

29 Hills

Country

30 Hills

5. Certificate of Status Desired

☐

\$8.75 Add

Fee Requ

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 M

Added to I

8. This corporation owes or has paid the current year Intan
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STERN, 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
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

PALAZZO, DAVID T

STREET ADDRESS

11710-A HWY. 301 N

CITY-ST-ZIP

THONOTOSASSA FL

☐ DELETE

TITLE

D

NAME

REDMOND, DAVID L

STREET ADDRESS

11710-A HWY 301 N

CITY-ST-ZIP

THONOTOSASSA FL

☐ DELETE

TITLE

VST

NAME

BURNETT, JAN G

STREET ADDRESS

11710-A HWY 301 N.

CITY-ST-ZIP

THONOTOSASSA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

11801 ELYSSA RD

THONOTOSASSA, FL

33592

☒ Change

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

11801 ELYSSA RD

THONOTOSASSA, FL

33592

☒ Change

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

11801 ELYSSA RD

THONOTOSASSA, FL

33592

☐ Change

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 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
I am an officer or
I am the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my na
appears in Block
3 if changed, or on an amendment with an address.

SIGNATURE:

Jan G. Burnett

4/22/98

813 986-1043