FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1	1996	DIVISI	Secretary of State ON OF CORPORATIONS		
DOCUN 1. Corporation	MENT # PS	400002603	0 (4)		
	PAN ENTERPRISES,	INC.			
Principal Place of Business Mailing Address			r indiine; iin ihiti bikit dalii	DOUIN OONTA OREIG 19040 ONNI BRIOD REILE 9810 IOI	
			EWOOD AVE	1	
300111 07	TIONA IL UZIII	SOUTH DAT	ONA FL 32119		
				3. Date Incorporated or Qualified 04/01/1994	3a. Date of Last Report 04/27/1995
2. Principal Place of Business		2a. Mailing Addre	SS	4. FEI Number	Applied For
21 Suito Ant #	Loto	26	· · · · · · · · · · · · · · · · · · ·	59-3248959	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	elc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Country	8. This corporation has liability for	
	9. Name and Address of	29 Current Registered Agent	30	Florida Statutes Yes 10. Name and Address of New F	No Registered Agent
			81 Nam		registered Agent
NILES.	, PETER L		82 Stree	Address (D.O. Des Novelle State Stat	7.
244 N RIDGEWOOD AVE			62 Stree	et Address (P.O. Box Number is Not Acceptat	ole)
DAYTO	DNA BEACH FL 32114		83		
			84 City		85 Zip Code
SIGNATURE	Signature, typed or printed name of register	ared agent and title it applicable	(NOTE: Registered Agent signatur	corporation submits this statement for the put's board of directors. I hereby accept the app	Ointment as registered agent. I am
12.		RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	DP	DELET			☐ Change ☐ Addition
NAME STREET ADDRESS	HOLLAND, TRUMAN 2400 S RIDGEWOOL		1.2 NAME		
CITY-ST-ZIP	SOUTH DAYTONA F		1.3 STREET ADDRESS	5	
TITLE	DST	DELET	1.4 CITY- ST - ZIP 2 1 TITLE		Change Addition
NAME	HOLLAND, KATHY		2.2 NAME		C overla C vegeton
STREET ADDRESS	2400 S RIDGEWOOD		2 3 STREET ADDRESS	3	
CITY - \$T - ZIP	SOUTH DAYTONA F	· · · · · · · · · · · · · · · · · · ·	2 4 CITY - ST - ZIP		
THLE		☐ DELET			Change Addition
NAME STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRES 3.4 CITY-ST-ZIP	5	
TITLE		☐ DELET			Change Addition
NAME			4.2 NAME		<u></u>
STREET ADDRESS			4.3 STREET ADDRESS	;	
CITY-S1-ZIP			4.4 CITY - ST - ZIP		
11/LE		DELETI	i		☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME		
CHY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
1ITLE		DELETI			☐ Change ☐ Addition
NAME			6.2 NAME		C
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			RACITY-ST. 7IP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 13 if changed, or on an attrichment with an address.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF

as secretary

4-23-96 (904)756-77