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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400046075 (5)

PANIK FREE ENTERPRISES INC.

FILED Apr 14 1997 8:00am Secretary of State



Principal Place of Business 3210 N. HARBOR CITY BLVD. SUITE 308 MELBOURNE FL 32935 2. Principal Place of Business 21 Suite, Apt. #, etc. 22		3210 N. HARBOR CT SUITE 306 MELBOURNE FL 329 2a. Mailing Address 26	2a. Mailing Address 26 Suite, Apt. #, etc.			3. Date Incorporated or Qualified 06/16/1994 4. FEI Number 59-3253628 5. Certificate of Status Desired 3a. Date of Last Report 02/07/1996 Applied For Not Applicable \$8.75 Additional Fee Required			
City & State	6	City & State				Election Campaign Financing Trust Fund Contribution			May Be
Ζιρ 24	Country 25	Zip 29	30	ountry	- 10 b.L.		Yes 🗓	No.	r s. 199.032.
	9. Name and Address of Cur	rent Registered Agent		-		10. Name and Address of New R	egistered A	gent	
3210	ik, kevin r) n. Harbor City Blvd. Te 306				Name Street Ad	ddress (P.O. Box Number is Not Accepta	ible)		
	BOURNE FL 32935			83		***************************************			
***************************************				84	City		FI	85 Z	ip Code
agent. La SIGNATURE	im familiar with, and accept the ob-	ligations of, Section 607.05	05, Florida Sta	atutes.		orporation submits this statement for the ration's board of directors. I hereby accor- roulred when renstating)	DATE		
12.	OFFICERS /	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		DIRECT:	
	rucu -	I I DELE							
NAME STHEFT ASORESS CITY: ST: ZIP	PANIK, KEVIN R 7190 CARLOWE AVE COCOA FL		1.21	TITLE NAME STREET AC CITY-ST+1	DORESS	PRES./CEO PANIK, KEVIN R. 621 OAKWOOD PLACE TITUSVILLE, FL. 3278	•	Chang	
NAME STHEFT AZORESS CITY-SE-ZIP TILLE NAME STREET ADDRESS	7190 CARLOWE AVE	☐ DELE	1.21 1.33 1.41 TE 2.1 2.23	NAME STREET AC CITY-ST-: TITLE NAME STREET AC	DORESS ZIP	PANIX, KEVIN R.	•	Chang	
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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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 264-4970

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