SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 16 PM 1:09

DOCUMENT # **P95000017901 (6)**

1. Corporation Name
PANZONE & CIA., INC.

Principal Place of Business	Mailing Address
5624 BLUE SHADOWS CT. ORLANDO FL 32811	5624 BLUE SHADOWS CT. ORLANDO FL 32811

3. Date Incorporated or Qualified: 03/03/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 6410 METROWEST BLVD
22 Suite, Apt. #, etc.: # 1107
23 City & State: ORLANDO, FL
24 Zip: 32835
25 Country: FLORIDA

2a. Mailing Address
26: 6410 METROWEST BLVD
27 Suite, Apt. #, etc.: # 1107
28 City & State: ORLANDO, FL
29 Zip: 32835
30 Country: FLORIDA

4. FEI Number: ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAMOS, JOSE L
833 N. HIGHLAND AVE.
SUITE 2A
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: YARA PANZONE
82 Street Address (P.O. Box Number is Not Acceptable): 6410 METROWEST BLVD # 1107
83
84 City: ORLANDO **FL** 85 Zip Code: 32835

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PANZONE, YARA 5624 BLUE SHADOWS CT. ORLANDO FL 32811	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 6410 METROWEST BLVD, # 1107 ORLANDO, FLORIDA 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAMMAS, GEORGE E 5624 BLUE SHADOWS CT. ORLANDO FL 32811	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 6410 METROWEST BLVD, # 1107 ORLANDO, FLORIDA 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE CASTRO, LYSANDRA P 5624 BLUE SHADOWS CT. ORLANDO FL 32811	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition 6410 METROWEST BLVD, # 1107 ORLANDO, FLORIDA 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE CASTRO, JOSE C 5624 BLUE SHADOWS CT. ORLANDO FL 32811	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition AC 9-27
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	300001961[illegible] Addition -10/01/96--01123--014 ****225.00 ****225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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)(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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Yara Panzone — 8/7/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #