FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000017901 (6)

PANZONE & CIA., INC.

Principal Place of Business

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIF

CITY-ST-2IP

CHAMMAS, GEORGE E

DE CASTRO, LYSANDRA P

ORLANDO FL 32835

orlando fl.32835

8410 METROWEST BLVD., SUITE 1107

8410 METROWEST BLVD., SUITE 1107

8410 METROWI ORLANDO FL	8410 METROWEST BLV ORLANDO FL 32835-82) METROWEST BLVD SUITE 1107 ANDO FL 32835-6232						
						3. Date incorporated or Qualified	3a. Date of Last	•
İ						03/03/1995	<u> </u>	I
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	1 1/4	Applied For
21		26	26			APPLIED FOR 37.3	2 V V V · V	Not Applicable
Suite, Apl.	#, etc.	Suite, Apt. #, etc.	_ 			5. Certificate of Status Desired	4 1	Additional Required
City & State	0	City & State	City & State			6. Election Campaign Financing	\$5.0	O May Be
23		28				Trust Fund Contribution		d to Fees
Zip	Country	Country Zip C				8. This corporation has liability for i	ntangible tax under	s. 199.032,
24	25	29	30	30		Florida Statutes] Yes 🔲 No	
	9. Name and Address of Cur	rrent Registered Agent		Τ		10. Name and Address of New Re	gistered Agent	
PANZONE, YARA L 6410 METROWEST BLVD., SUITE 1107 ORLANDO FL 32835				82 Street Address (P.O. Box Number is Not Acceptable) 83				
				84	City		FL 85 Zip	p Code
11. Pursuant office or agent. I a	registered agent, or both, in the S am familiar with, and accept the of	tate of Florida. Such change w bligations of, Section 607.0505	as authoriz , Florida St	ed by atules	the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	ourpose of changing of the appointment a	its registered as registered
	Signature, typed or printed name of registered agent and title if applicable (NOTE: Regi			red Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.		AND DIRECTORS DELÉTE	13			ADDITIONS/CHANGES TO OFFIC	Change	
TITLE	D			1.1 TITLE			L Ghange	, D Addition
NAME	PANZONE, YARA		1.2					
STREET ADDRESS 8410 METROWEST BLVD., SUITE 1107			1.3	STREET	ADDRESS		·	
CITY-ST-ZIP	P ORLANDO FL 32835		CITY-S	T - ZIP			······································	
TITLE		DFLFTF	21	217016			☐ Change	e 🔲 Addition

2.2 NAME 2.3 STREET ADDRESS

3.1 TITLE

32 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 1/TLE 62 NAME

DELETE

DELETE

DELETE

DELETE

2. 4 CiTY - ST - 7IP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - 2IP

3.4. CITY - ST - ZIP

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 eath; 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 12 or Block 13 if changed, or on an attachment with an address.

REQUIRE

1-21-97

DARWIN SOURES JUNIOR

***165.00

ORLAMON F1. 32835

6410 Metrowest Blud, Seute 1107

900002210969

-06/13/97--01003--017

Addition

Addition

Addition

Addition

ØS.

Change

☐ Change

Change

☐ Change

FILED

Jun 09 1997 8:00am

Secretary of State