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• PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000076715 (8)

1. Corporation Name
PANTELIS-FRANCISCO, INC.



Principal Place of Business
**8204 SE CARLTON STREET
HOBE SOUND FL 33455**

Mailing Address
**PO BOX 1663
HOBE SOUND FL 33475**

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

28
Zip

24
Country

29
Country

9. Name and Address of Current Registered Agent

**MAVROSTOMOS, PANTELIS
8204 SE CARLTON ST.
HOBE SOUND FL 33455**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL **85** Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. **P** OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**MAVROSTOMOS, PANTELIS
8204 SOUTHEAST CARLTON STREET
HOBE SOUND FL 33455**

DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

Change Addition

**GARCIA, FRANCISCO
6110 LINTON STREET
PALM BEACH GARDENS FL 33418**

DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

Change Addition

DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

Change Addition

DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

Change Addition

DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

Change Addition

DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Change Addition

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

SIGNATURE: *Pantelis Mavrostomos*

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96

Daytime Phone #

CR2E034 (12/95)