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May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000085245 (5)

1. Corporation Name  
THE PAMATIAN GROUP, INC.



Principal Place of Business  
6190 EDGEWATER DRIVE  
ORLANDO FL 32810

Mailing Address  
6190 EDGEWATER DRIVE  
ORLANDO FL 32810-4810

3. Date Incorporated or Qualified 11/06/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3343160	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

TIMOTHY P YOUSEF  
5875 CHARLESTON ST  
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name Timothy P. Yousef
82 Street Address (P.O. Box Number is Not Acceptable) 2340 S. Conway Rd. Apt. A.
83
84 City Orlando
85 Zip Code FL 32813

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D	NAME YOUSEF, TIMOTHY P	DELETED
STREET ADDRESS 5875 CHARLESTON STREET		
CITY-ST-ZIP ORLANDO FL 32807		
TITLE D	NAME PEEPLES, MARK A	DELETED
STREET ADDRESS 5875 CHARLESTON STREET		
CITY-ST-ZIP ORLANDO FL 32807		
TITLE	NAME	DELETED
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	DELETED
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	DELETED
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	1.2 NAME 2340 S. Conway Rd.
1.3 STREET ADDRESS Orlando, FL 32807	
1.4 CITY-ST-ZIP	
2.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	2.2 NAME
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	3.2 NAME
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	4.2 NAME
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	5.2 NAME
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	6.2 NAME
6.3 STREET ADDRESS	
6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Timothy P. Yousef*  
Timothy P. Yousef

4/24/97

Date

407 241 8387

Daytime Phone #

0090459

CR2E034 (9/96)