

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

FILED

May 21 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 # P96000002989 (7)

1. Corporation Name
PANOPTIC ASSOCIATES, INC.

Principal Place of Business
9870 SUNDERSON STREET
ORLANDO FL 32825

Mailing Address
10151 UNIVERSITY BLVD., BOX 230
ORLANDO FL 32817-1804



3. Date Incorporated or Qualified 01/08/1996	3a. Date of Last Report
4. FEI Number 59-3360811	Applied For <input type="checkbox"/> 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	2a. Mailing Address
21 Suite, Apt. #, etc.	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

WIESE, GARY E
5600 SAND LAKE ROAD
ORLANDO FL 32819

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIESE, GARY E	1.2 NAME	
STREET ADDRESS	9870 SUNDERSON STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSAND, BRIEN J	2.2 NAME	
STREET ADDRESS	5486 DEER CREEK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32821	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	WIESE, GARY E
STREET ADDRESS		3.3 STREET ADDRESS	9870 SUNDERSON STREET
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	HOUSAND, BRIEN J
STREET ADDRESS		4.3 STREET ADDRESS	5486 DEER CREEK DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	WIESE, GARY E
STREET ADDRESS		5.3 STREET ADDRESS	9870 SUNDERSON STREET
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	WIESE, GARY E
STREET ADDRESS		6.3 STREET ADDRESS	9870 SUNDERSON STREET
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORLANDO, FL 32825

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: Gary E. Wiese 5/17/97 407-356-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)