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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000013935 (7)

PEN ENGINEERING, INC.

Principal Place of Business

Mailing Address

2a Mailing Address

8320 RIVERSIDE DR #4048 PUNTA GORDA FL 33982

2 Principal Place of Business

SIGNATURE:

8320 RIVERSIDE DR #4048 PUNTA GORDA FL 33982

## **FILED** Jan 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

941-575-4859

3. Date Incorporated or Qualified

02/07/1996

	idec of business	Zaz Widinig / Goress				05.0040070			phied I-OI
21{	·	26				65-0649070		<del></del>	t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State		City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Country			8. This corporation owes or has p	aid the curre	nt year int	angible
24	25 29 30			Personal Property Tax due June 30.  Yes No					
'	9. Name and Address of Current	Registered Agent		П		10. Name and Address of New R	egistered Ag	ent	
NORDAHL, PAULAH E					Name				
8320 RIVERSIDE DR #4048				82 Street Address (P.O. Box Number Is Not Acceptable)					
Punta Gorda Fl 33982				83					
				84 City FL 85 Z					Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
12.	OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO OFFI	CERS AND D	IRECTOR	\$ IN 12
TITLE	PD	☐ DELETE	DELETE 1.1 T					Change	Addition
NAME	NORDAHL, PAULAH E 13			.2 NAME				ļ	
STREET ADDRESS				1.3 STREET ADDRESS				]	
CITY-ST-ZIP	DUDITA CODDA FI			ITY-ST-	7IP				
TITLE				ITLE				Change	Addition
NAME			2.2 N	AME					
STREET ADDRESS			23.5	TREET AD	ODRESS				
CITY-ST-ZIP				TY-ST-	•		\$ <sub>3</sub>		
TITLE	DELETE 3.17							Change	Addition
NAME	3.2 N		AMF				- •	_	
STREET ADDRESS				3 STREET ADDRESS					
				ITY-ST-					
CITY-ST-ZIP				TLE	ZIF I	<del> </del>	· -	Change	Addition
			4. 2 N		•		_	1 0.101190	
NAME STREET ABORESS					,nnnnn				
STREET ADDRESS				FREET AD					-
CITY-ST-ZIP		DELETE		TY-ST-Z	ZIP	<del></del>		Change	Addition
TITLE			5.1 11				L.	i eirailite	T VOCUUS!
NAME			5.2 N/						1
STREET ADDRESS			5.3 ST	FREET AD	DRESS				İ
CITY - ST - ZIP				TY-\$T-2	ZIP .	E-111 - 11			
TITLE		DELETE	6.1 10	TLE			Ŀ	Change	Addition
NAME			6.2 NA	AME					
STREET ADDRESS			6.3 ST	reet ad	DRESS				
CITY-ST-ZIP				TY-ST-2					
14. I hereby certify that the information supplied with this filling 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.									