SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000018171 (4)

FILED Sep 16 1997 8:00am Secretary of State

PENNKRIS, INC.				
Principal Place of Business	Mailing Address			0100 11001 10101 11015 10001 1101 1601
218 WHITEHEAD ST KEY WEST FL 33040 KEY WEST FL 33040			DO NOT WRITE IN	THIS SPACE
			02/28/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	Suite, Apt #, etc.			Not Applicable \$8.75 Additional
Suite, Apt. #, etc.	27		5. Certificate of Status Desired	Fee Regulred
City & State	City & State	,	6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid t	he current year Intangible
24 25		30	Personal Property Tax due June 30.	
9. Name and Address of Current	Registered Agent		10. Name and Address of New Regis	tered Agent
KELLEY, ALBERT		81 Name		
926 TRUMAN AVE		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
KEY WEST FL 33040		83		
		03		i
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purp	oose of changing its registered
office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligated SIGNATURE KELLEY ALBE				
SIGNATURE KELLEY ALBE	and title it applicable (NOTE	Registered Agent signature requir	red when reinstating) (DATE
SIGNATURE KELLEY ALBS Signature typed or printed rainf of a gastered agreet 12. OFFICERS AND	and title it applicable (NOTE	Registered Agent signature requir		DATE
SIGNATURE KELLEY ALBE Signature typed or privated range of a goldened agreet 12. OFFICERS AND TITLE PSTD	and title Lappicable (NOTE	Registered Agent signature requir	red when reinstating) (DATE IS AND DIRECTORS IN 12
SIGNATURE KELLEY ALBS Signature typed or pivited name of registered agent 12. OFFICERS AND TITLE PSTD	and title Lappicable (NOTE	Hegistered Agent signature requir	red when reinstating) (DATE IS AND DIRECTORS IN 12
SIGNATURE KELLEY ALBE Signature typed or privated range of the galacted agreet. 12. OFFICERS AND TITLE PSTD IANNELLI, PENELOPE	and title Lappicable (NOTE	Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME	red when reinstating) (DATE IS AND DIRECTORS IN 12
SIGNATURE KELLEY FLOOR Signature typed or printed ramp of it gothered agreet 12. OFFICERS AND TITLE PSTD NAME IANNELLI, PENELOPE STREET ADDRESS 609 VIRGINIA ST CITY-ST-ZIP KEY WEST FL 33040 TITLE VPD	and title Lappicable (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) (DATE IS AND DIRECTORS IN 12
SIGNATURE KELLEY ALBE SIGNATURE Typed or printed ramy of it gottered agont 12. OFFICERS AND TITLE PSTD IANNELLI, PENELOPE STREET ADDRESS 609 VIRGINIA ST CITY-ST-ZIP KEY WEST FL 33040 TITLE VPD NAME IANNELLI, KRISTY	And title -t applicable (NOTE DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating) (DATE IS AND DIRECTORS IN 12 Change Addition
SIGNATURE Signature typed or printed many of registered agreed. 12. OFFICERS AND TITLE PSTD NAME IANNELLI, PENELOPE STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 TITLE VPD NAME IANNELLI, KRISTY STREET ADDRESS P O BOX 369 N/A	And title -t applicable (NOTE DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	red when reinstating) (DATE IS AND DIRECTORS IN 12 Change Addition
SIGNATURE KELLEY ALBE SIGNATURE Typed or printed ramy of it gottered agont 12. OFFICERS AND TITLE PSTD IANNELLI, PENELOPE STREET ADDRESS 609 VIRGINIA ST CITY-ST-ZIP KEY WEST FL 33040 TITLE VPD NAME IANNELLI, KRISTY	And title .t applicable (NOTE DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	red when reinstating) (DATE IS AND DIRECTORS IN 12 Change Addition Change Addition Addition
SIGNATURE Signature typed or privated rainty of a gostered agreet. 12. OFFICERS AND TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS STREET ADDRESS SIGNATURE PSTD ANNELLI, PENELOPE 809 VIRGINIA ST KEY WEST FL 33040 VPD IANNELLI, KRISTY P O BOX 389 N/A	And title -t applicable (NOTE DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE	red when reinstating) (DATE IS AND DIRECTORS IN 12 Change Addition
SIGNATURE Signature typed or privated mary of a gottened agreent. TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP P O BOX 389 N/A PINELAND FL 33945	And title .t applicable (NOTE DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME	red when reinstating) (DATE IS AND DIRECTORS IN 12 Change Addition Change Addition Addition
SIGNATURE Signature typed or proted range of a good or proted range of the posterior agreed ran	And title .t applicable (NOTE DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	red when reinstating) (DATE IS AND DIRECTORS IN 12 Change Addition Change Addition Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	And title -t applicable (NOTE DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP	red when reinstating) (DATE IS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE Signature typed or proted range of a goods agreed. 12. OFFICERS AND 13. OFFICERS AND 14. OFFICERS AND 15. OFFICERS 15. OFFICERS AND 15. OFFICERS AND 15. OFFICERS AND 15. OFF	And title .t applicable (NOTE DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	red when reinstating) (DATE IS AND DIRECTORS IN 12 Change Addition Change Addition Addition
SIGNATURE Signature typed or proted range of a goods agreed. 12. OFFICERS AND 12. OFFICERS AND 13. OFFICERS AND 14. OFFICERS AND 15. IANNELLI, PENELOPE 809 VIRGINIA ST KEY WEST FL 33040 15. IANNELLI, KRISTY 15. ITILE 16. IANNELLI, KRISTY 17. ITILE 17. ITILE 18. IANNELLI, KRISTY 18. IANNELLI,	And title -t applicable (NOTE DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 TITLE 4.2 NAME	red when reinstating) (DATE IS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE Signature typed or proved carry of a goldered agreed. 12. OFFICERS AND. TITLE NAME STREET ADDRESS CITY-ST-ZIP	And title -t applicable (NOTE DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	red when reinstating) (DATE IS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE Signature typed or proved carry of a goldered agreed. 12. OFFICERS AND TITLE NAME STREET ADDRESS CITY-ST-ZIP	And title it appsicable (NOTE DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	red when reinstating) (DATE IS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	And title -t applicable (NOTE DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	red when reinstating) (DATE IS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNATURE Signature typed or proved carry of a goldered agreed. 12. OFFICERS AND TITLE NAME STREET ADDRESS CITY-ST-ZIP	And title it appsicable (NOTE DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE	red when reinstating) (DATE IS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	And title it appsicable (NOTE DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	red when reinstating) (DATE IS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNATURE Signature typed or privated namy of a goldered agreen. 12. OFFICERS AND. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	And title it appsicable (NOTE DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	red when reinstating) (DATE IS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNATURE Signature typed or privide ramy of a goldered agreed. 12. OFFICERS AND. TITLE NAME STREET ADDRESS CITY-ST-ZIP	And title of appsicable (NOTE DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	red when reinstating) (DAYE IS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	And title of appsicable (NOTE DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE	red when reinstating) (DAYE IS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition

4. 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.

Marine Passagan Louis La Company

lalas

(20x) (N) 121B