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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000018331 (4)

## PANTHEON DEVELOPMENT, INC.

Principal Place of Business Mailing Address 6965 CALLE DEL PAZ 6965 CALLE DEL PAZ **BOCA RATON FL 33433 BOCA RATON FL 33433** 3. Date Incorporated or Qualified 3a. Date of Last Report 02/26/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, 25 Florida Statutes Yes No 24 20 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CUPELLI, ROBERT D 6965 CALLE DEL PAZ 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 83 84 City Zip Code 85 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 Suprature: Typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. TITLE DELETE 1.1 TITLE Change Addition 1.2 NAME Robert Cupelli NAMI 6965 Calle Del Paiz 1.3 STREET ADDRESS STREET ADDRESS CITY - ST - 7IP 1.4 CITY-ST-ZIP BOLA RATON, FZ Change Addition DELETE THLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS City - ST - 7IP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-76 4.4 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 supplienental 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 constraint or the deceived in 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 or an infamment with an address.

51 TITLE

5.2 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE

**SIGNATURE** 

T TLE NAME

THEF NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CHTY - ST - ZIP

4/21/97 56/447434

Change

Addition

Addition

FILED

Apr 29 1997 8:00am

Secretary of State