Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90170 016 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P96000044141**1. Corporation Name

PANORGAN INTERNATIONAL, INC.

Principal Place of Business Mailing Address		Mailing Address			
280 SE 11TH STREET POMPANO BEACH FL 33060		1511 E COMMERCIAL BLVD SUITE 128			
US		FT. LAUDERDALE FL 33334			DO NOT WRITE IN THIS SPACE
		US			3. Date Incorporated or Qualifed
					05/17/1996
2. Principal Place of Business 2a.		2a. Mailing Address	Mailing Address		4. FEI Number Applied For
21		26			65-0665626 Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
22		City & State	City & State		
City & State		<u> </u>	28		6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fees
23 Zin	Zip Country Zip		Country		8. This corporation owes the current year Intangible
	25	<u> </u>	30		Personal Property Tax.
24	9. Name and Address of Curren		30		10. Name and Address of New Registered Agent
	5. Halle and Address of Carre		81	Name	
REN	z, heinz				The state of the s
280 SE 11TH STREET			82	Street A	at Address (P.O. Box Number is Not Acceptable)
POM	PANO BEACH FL 33060		83	 	
			84	City	FL 85 Zíp 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					re required when reinstating) DATE
	Signature, typed or printed name of registered age		<u> </u>	nt signature n	re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PTD OFFICERS AN	ID DIRECTORS	13.		ABBITIONS/CHANGES TO OFFICERS AND BIRECTORS IN 12
TITLE	HAEGELI, PETER		1.2 NAME		
4544 F COMMEDIAL BLVD CHITE 400			T ADDRESS	200	
STREET ADDRESS	FT. LAUDERDALE FL 33334	OHE 120			
CITY-ST-ZIP	VD	☐ DELETE	2.1 TITLE	31-2119	Change Addition
TITLE		-	2.2 NAME		
NAME	BRUNNER HAEGELI, GERTRUI			T 40000000	
STREET ADDRESS	1511 E COMMERCIAL BLVD, S	OUTE 120		TADDRÉSS	555
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	□ DELETE	2.4 CITY- 3.1 TITLE	S1-ZIP	☐ Change ☐ Addition
TITLE	SD DENZ UCINZ		3.1 MAME		
NAME	RENZ, HEINZ		1		
STREET ADDRESS	280 SE 11TH STREET		3.4 CITY-	T ADDRESS	55
CITY-ST-ZIP	POMPANO BEACH FL 33060	□ DELETE	4.1 TITLE	51-ZIP	Change Addition
TITLE			4, 2 NAME		
NAME					
STREET ADDRESS				TADDRESS	SS
CITY-ST-ZIP		DELETE	4.4 CITY-1	5+-ZIP	Change Addition
TITLE			5.1 TITLE 5.2 NAME		
NAME				TADDRESS	28
STREET ADDRESS			5.4 CITY-		
CITY-ST-ZIP		DELETE	6.1 TITLE	21 - 2H	☐ Change ☐ Addition
TITLE		□ NETE IE	6.2 NAME		
NAME				TADDRESS	200
STREET ADDRESS			0.3 STREE	בנישחששה ו	~~ <u> </u>

14. I 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 enhowered 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 of an attachment with an address, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR