


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

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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90045 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000009845

1. Corporation Name
PANDION SYSTEMS, INC.



Principal Place of Business 1810 NW 6 ST GAINESVILLE FL 32609 US	Mailing Address 5200 NW 43 ST SUITE 102-314 GAINESVILLE FL 32606-4482
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/23/1997		4. FEI Number 59-3429736		Applied For 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GERHARDT, THOMAS 1227 NW 8TH ST GAINESVILLE FL 32601				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			
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GERHARDT, THOMAS			1.2 NAME			
STREET ADDRESS	3839 N.W. 67TH PLACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32653			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWMAN, CHRISTIAN			2.2 NAME	CHRISTIAN NEWMAN		
STREET ADDRESS	3839 N.W. 67TH PLACE			2.3 STREET ADDRESS	5001 NW 62nd COURT		
CITY-ST-ZIP	GAINESVILLE FL 32653			2.4 CITY-ST-ZIP	GAINESVILLE FL 32653		
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVERITT, DAVID			3.2 NAME			
STREET ADDRESS	P.O. BOX 90220 (N/A)			3.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32607			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVERITT, LYNDA			4.2 NAME			
STREET ADDRESS	P.O. BOX 90220 (N/A)			4.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32607			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWMAN, DENIS			5.2 NAME			
STREET ADDRESS	3839 N.W. 67TH PLACE			5.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32653			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWMAN, JAMES			6.2 NAME			
STREET ADDRESS	3839 N.W. 67TH PLACE			6.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32653			6.4 CITY-ST-ZIP			

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 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, with all other like empowered.

SIGNATURE:

David Burnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1/99
Date

(352) 372-4747
Daytime Phone #

CR2E034 (1/98)

0062287

254341-90045-18
P97000009845

Attachment to Document #: P97000009845
Profit Corporation Annual Report

EID: 593429736

13. Officers and Directors Additions

Title: S

Name: Rachel Newman

Address: 3839 NW 67th Pl.

City/St/Zip: Gainesville, FL 32653

Title: T

Name: Deborah Burnip

Address: 3839 NW 67th Place

City/St/Zip: Gainesville, FL 32653