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 # P97000021469 (6)

FILED Jun 04 1998 8:00am Secretary of State

	PAN, INC.	Mallon Address						
Principal Place of Business Mailing Address								
. 3701 W. PLATT 3701 W. PLATT TAMPA FL 33609 TAMPA FL 33609						DO 1/27 1/10/17 1/17		
						DO NOT WRITE IN T	HIS SPACE	
					- (3. Date Incorporated or Qualified		
2. Principal F	2. Principal Place of Business 2a. Mailing Address					03/07/1997 4. FEI Number		Applied For
21						59-3434749		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 			5. Certificate of Status Desired	\$8.75	Additional Regulred
City & State City & State						6. Election Campaign Financing	\$5.0	O May Be
23		28			1	Trust Fund Contribution		d to Fees
Zip	Country	Zip	Cour	ıtry		8. This corporation owes or has paid the	e current year	Intangible
24	25	29	30			Personal Property Tax due June 30.	Yes	□ No
	9. Name and Address of Curre	eni Registered Agent		041		10. Name and Address of New Registe	red Agent	
TONARELLI, DAVID V			ſ	B1 Name)			
370	DI W. PLATT			82 Street	Addres	s (P.O. Box Number is Not Acceptable)		
TAI	MPA FL 33609		<u> </u>	<u> </u>				
			Ι'	83				ļ
				84 City			85 Zi	p Code
44 5		(III				ation submits this statement for the purpo	FL °° '	5
office or r agent. I a	ogistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was	authorized	by the cor	rporation	's board of directors. I hereby accept the	appointment	as registered
SIGNATURE	Signature Typesf or project came of regestered a	gerk and the Lappearable (NO	il Registered	Agent Signatur	re required t	when reinstating) DA	VIE	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	L.) DELETE			[☐ Change	e 🔲 Addition [
NAME	TONARELLI, DAVID V		1.2 NAI		00	a Sterling Avenu	e sto	ו שמני
STREET ADDRESS	3701 W. PLATT			EFT ADDRESS	113	o sterling Avenu mpa FL 33609	101 011	.,,,,,
CITY-ST-ZIP	TAMPA FL 33609	DOUGTE		Y-\$1-7IP	ıα	mpa PC 35609	Chapm	1 Addition
TITLE		L_ DELETE	2.1 1170		Į.		L Change	e ∐ Addition
NAME			2.2 NAI					
STREET ADDRESS				EET ADDRESS	1			i
CITY-ST-ZIP TITLE		DELETE	3.1 111	Y-S1-ZIP			☐ Change	Addition
NAME		- *****	3.2 NAI		}			
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TITLE		DELFTE	4.1 TITI		 		Change	Addition
NAME		 ·-	4. 2 NA		}			
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				Y - ST - ZIP	1			
TITLE			5.1 101				Change	Addition
NAME			5 2 NAI	ME	}			-
STREET ADDRESS			5.3 STA	EET ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		DELFTE	6.1 TITI		1		Change	Addition
NAME			6.2 NA	ME	1			ì
STREET ADDRESS			6.3 STA	EET ADDRESS				
0.00			6.4 CIT	Y-\$1-ZIP				
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 armost report or supplicated annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or like receiver or furstice empowered to execute the epoper as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 an attachment with ne eddress.