

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

FILED  
Feb 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000043401 (3)  
1. Corporation Name  
PANORAMA BREWING COMPANY

Principal Place of Business 943 SEVILLE PLACE ORLANDO FL 32804	Mailing Address 943 SEVILLE PLACE ORLANDO FL 32804
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 610 LAURENT STREET Suite, Apt. #, etc. 22 City & State 23 SANTA CRUZ, CA Zip 24 95060	2a. Mailing Address 26 610 LAURENT STREET Suite, Apt. #, etc. 27 City & State 28 SANTA CRUZ, CA Zip 29 95060
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3. Date Incorporated or Qualified 05/15/1997	4. FEI Number 59-3447237	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVE  
POST OFFICE BOX 2491  
DAYTONA BEACH FL 32115-2491

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	GLORFIELD, JOSEPH K
STREET ADDRESS	943 SEVILLE PLACE
CITY-ST-ZIP	ORLANDO FL 32804
TITLE	D
NAME	WOLAVER, MORGAN
STREET ADDRESS	PO BOX 540247
CITY-ST-ZIP	HOUSTON TX 77254-0247
TITLE	D
NAME	WOLAVER, ROBERT
STREET ADDRESS	4417-B KAHILI MAKI STREET
CITY-ST-ZIP	KILAUEA HI 96754
TITLE	D
NAME	MCCORMICK, TOM
STREET ADDRESS	P.O. BOX 1281
CITY-ST-ZIP	MEADOW VISTA CA 95722
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT
1.2 NAME	GLORFIELD, JOSEPH K
1.3 STREET ADDRESS	610 LAURENT STREET
1.4 CITY-ST-ZIP	SANTA CRUZ, CA 95060
2.1 TITLE	TREASURER
2.2 NAME	
2.3 STREET ADDRESS	2424 WRIGHTON RD
2.4 CITY-ST-ZIP	HOUSTON, TX 77005
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VICE PRESIDENT
4.2 NAME	
4.3 STREET ADDRESS	1865 HILLISDA ROCK RD
4.4 CITY-ST-ZIP	MEADOW VISTA, CA 95722
5.1 TITLE	SECRETARY
5.2 NAME	GLORFIELD, JILAN C
5.3 STREET ADDRESS	610 LAURENT STREET
5.4 CITY-ST-ZIP	SANTA CRUZ, CA 95060
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:  JOSEPH K. GLORFIELD 1-1259 (408) 425-2510

CR2E034 (10/97)