## 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 # P97000064480 (1)

## FILED May 13 1998 8:00am Secretary of State

THE P	AGANI GROUP, INC.	`	•							
Principal Plac	e of Business	Mailing Address				INNON AND NOTAL HOUSE DOSAN BOND DOSAN	III DOND DRN	OISI( CIECH IBI	AN <b>BO</b> AN ABON	
13902 WEST HILLSBOROUGH AVENUE 13902 WEST HILLSBOROUG TAMPA FL 33635 TAMPA FL 33635			ROUGH AVEN	UE		DO NOT WRIT	E IN THIS S	SPACE .		
					3. Date	Incorporated or Qualified				]
					07/2	24/1997				
2. Principal Place of Business		2a. Mailing Address			4. FEIN	3485364		Ar	oplied For	1
21		26			24-	2402264		<del></del>	ot Applicable	Į
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certif	icate of Status Desired		\$8.75 A	Additional equired	
City & Stat	9	City & State			e Floati	on Compaign Flooraing			<del>'</del> -	1
23	~	28				on Campaign Financing Fund Contribution	П	\$5.00 Added		
Zip	Country	Zip	Cour	try		orporation owes or has p	aid the curr			1
24	25	29	30			nal Property Tax due Jun			] No	
	g. Name and Address of Curren	t Registered Agent			10, Name	and Address of New R	egistered A	gent		]
PA	gani, adrian a			81 Name	ALBERT	6 H. PAGAI	1.6			
	202 WEST HILLSBOROUGH AVE	NUE	L.	32 Street	Address (P.O. Bo	X Number is Not Accepta	( 1 \			1
TA	MPA FL 33635		Ļ		13402 W	HILLS BORDING	SH AH	<u>e</u>		ļ
			ľ	83						l
			ŀ	City -	<del></del> _			<b>85</b> Zip	Çode_	1
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,					TAMPA		<u>FL</u>	33(	635	ļ
office or a	to the provisions of Sections 607.050. egistered agent, or both, in the State in tamiliar with, and accept the obliga	≥ and 607.1508, Flori <b>da Sta</b> t of Florida. Such chan <b>ge wa</b>	iutes, the ab s authorized	ove-named by the col	poration's board o	nits this statement for the of directors. I hereby acce	purpose of pt the appo	cnanging it pintment as	registered	l
agent.	h familial with, and accept the obliga	ations of, Section 607.0505,	Florida Statu	tes.						
SIGNATURE	Signature, lyped or printed name of registured ages	of and title if anolication (N	O16 - Registered	Agent signatur	e required when reinstation	201	24 101(	<u> </u>		
12.	OF ICERS AND		13.	ngs r. ogna.ci		ONS/CHANGES TO OFFI		DIRECTOR	RS IN 12	6
TITLE	D	☐ DELETE	11111	E	I			Change	Addition	10/07
NAME	Pagani, adrian a		1.2 NA	ME						1 -
STREET ADDRESS	13902 WEST HILLSBOROUGH	1 AVENUE	1.3 STF	EET ADDRESS						F034
CITY-ST-ZIP	TAMPA FL 33635		1.4 CIT	'-ST-ZIP	<u> </u>					3
TITLE	-	☐ DEL <b>e</b> te	2.1 TITU	E	PRES			Change	Addition	O
NAME			2.2 NA	<b>1</b> E	ALBERTO	H. PAGANI				l
STREET ADDRESS			2.3 STA	eet address		Hills BOBONE H	AUE.			l
CITY-ST-ZIP		Torier.		Y-ST-ZIP	TAMPA	<u>F( 33635</u>			V 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1
TITLE		☐ DELETE	3.1 7170		NB	- ^- 11		Change	Addition	
NAME			3.2 NAM	1E 	MARTHA	S. PAGANI Hilsborous				
STREET ADDRESS					13402 W		At HAC	•		
CITY-ST-ZIP TITLE		DELETE	3.4. CH 4.1 THT	Y-ST-ZIP	<del>                                     </del>	FL 33635		Change	Addition	ł
NAME		D pettire	4. 2 NA		TRES'	Doc AN		LI CHANGO	The Resident	
STREET ADDRESS				EET ADORESS	INGO W	PAGANI HILBOROUG	J WE.			
CITY-ST-ZIP			1	-ST-ZIP	TAMOA	FL 33635	( 170			
TITLE				·	1	10 13033		Change	Addition	1
		☐ DELETE	5.1 TITL	C						
NAME		☐ DELETE	5.1 TITL 5.2 NAM	=	1					l
NAME Street address		☐ DELĒTĒ	5.2 NA	=						
STREET ADDRESS		☐ DELETE	5.2 NAM 5.3 STR	4E						
		☐ DELETE	5.2 NAM 5.3 STR	ME EET ADORESS '-S1-ZIP				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			5.2 NAM 5.3 STR 5.4 CIT	ME EET ADORESS '-S1-ZIP E				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE			5.2 NAM 5.3 STR 5.4 CIP 6.1 TITE 6.2 NAM	ME EET ADORESS '-S1-ZIP E				☐ Change	Addition	

14. Thereby 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 . V.

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