PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90174 017 ***150.00

DOCLIMENT #	P97000064580
DOCUMENT #	PUZUUUGAASKU

1 Corporation Name

PANORA	MIC CONSTRUCTION CORP.	•					
منين سمريون	-w) 11 19 1 1 191 1 111 1 11)
Principal Place	e of Business	Mailing Address		1			
	DD ST Prings FL 32701	326 OLEANDER WY CASSELBERRY FL 32707			DO NOT WRITE IN	THIS SPACE	
US		U\$		-	3. Date Incorporated or Qualifed		
				ł	07/24/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-3537	2 579 A	Applied For
─	OLEANDER LAY	26			Will a second	·)	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			3. Certificate of Status Desired	Fee R	Required
City & Stat	е	City & State		Ì	6. Election Campaign Financing		May Be
23 CASS	SECRETERY FI	28		_	Trust Fund Contribution		to Fees
Zìp	Coupltry	Zip	Country		8. This corporation owes the current ye		XÍno
24 327	9. Name and Address of Current	29 30	0	_	Personal Property Tax. 10. Name and Address of New Regist	Yes	
_	9. Name and Address of Current	redistered Affent	81 Name	 ·	to. Haile and Address of New Yogist	orea Agent	
LON	SWAY, KATHLEEN M			<u> Lo</u>	HSWAY, KATHLO	==14 M	<u> </u>
	RIDGEWOOD ST.		82 Street		(P.O. Box Number is Not Acceptable)	. 105	
	MONTE SPRINGS FL 32701		83 .	2 (OLEAHDER \	<u>.~1/3\</u>	
I							
			84 City	. ~ ~	er Beret		Code とフロフ
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named.	corporat	tion submits this statement for the purpo	se of changing it	s registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both in the State of m familiar with and accept the obligatio	Florida. Such change was auth ons of, Section 607,0505, Florid	norized by the corpo a Statutes.	oration's	board of directors. I hereby accept the	appointment as r	egistered
SIGNATURE	Signature, typet or printed name of registered agent a	 \			en reinstating)	125/99	<u>; </u>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 12
TITLE	ρ	☐ DELETE	1.1 TITLE	P		Change	Addition
NAME	Longway, Kathleen M		1.2 NAME	Lon	15WAY KATHLEE	H M.	
STREET ADDRESS	326 OLEANDER WY		1.3 STREET ADDRESS	320	15 WAY, KATHCEE		
CITY-ST-ZIP	CASSELBERRY FL 32707		1.4 CITY-ST-ZIP	مے	SSELBERRY FI 3	2707	
TTLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME	ļ			
STREET ADDRESS	•		2.3 STREET ADDRESS	ļ			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	-	· · · · · · · · · · · · · · · · · · ·		Addition
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP			Change	Addition
TITLE		C. Dereie	4.1 TITLE 4. 2 NAME			s.ango	
NAME							ł
STREET ADDRESS			4.3 STREET ADORESS 4.4 CITY+ST-ZIP		•		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	-		☐ Change	Addition
NAME			5.2 NAME		man to the	·• · ·	
STREET ADDRESS		-	5.3 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP		I	5.4 CITY-ST-ZIP				
TITLE	·	☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
			63 STREET ANDRESS				

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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNATURE OF SIGNA