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 #

PANOHAMIC DEVELOPMENT CORPORATION								
Principal Place	of Business		Mailing	Address				
345 SOUTH E	ND AVE		345 SOUTH END AVE					
#BM			#6M					DO NOT WINTE IN THIS PRINCE
NEW YORK NY 10280			NEW YORK NY 10280					DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified 09/25/1997
2. Principal Place of Business			2a. Mailing Address					4. FEI Number - Applied For
21 DESTIN, FICKION			26 1225 KNE ST. 66016FS				016FS	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
22			27 WCSTLAKE, 1410			60	410	Fee Required
City & State			City & State					6. Election Campaign Financing \$5.00 May Be
Zip Country			28 (/// 4) Country			•		Trust Fund Contribution Added to Fees
Zip	├ ¬	ntry	Zıp			ıry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes V No
24	9 Name and Ad	dress of Current I	29 Registerer	1 Agent	30			Personal Property Tax due June 30. Yes Y No 10. Name and Address of New Registered Agent
KDA	LEMER, MARY K					31	Name	in and the state of the state
727 HIGHWAY 98 EAST						\perp		
	STIN FL 32541				32	Street Add	dress (P.O. Box Number is Not Acceptable)	
000	71111 (C 02011				1	33		
						_		
					[34	City	EI 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corpor office or registered agent, or both, in the State of Florida Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE								
	Signature typed or printed r					Agon	t signature requ	uired when reinstating) DATE
12.	<u> </u>	OFFICERS AND I	DIRECTO:	DELETE	13. 1.1 TOU	 E		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	SASSANO, MIC	HAFI A		occir	1.2 NAM			Change La Mounton
STREET ADDRESS 345 SOUTH END AVE, #6M			1.3 STR				worse	
CITY-ST-ZIP NEW YORK NY 10280			1.4 CITY					
TITLE	D			DELETE	2.1 TITL		- 211	Change Addition
NAME	SASSANO, ROI	NALD L			2.2 NAM			
STREET ADDRESS 1225 RUE SAINT GEORGES							ADDRESS	
CITY-ST-ZIP WESTLAKE OH 44145			2. 4 Cl					
TITLE				DELETE	3.1 TITL			Change Addition
NAME					3.2 NAM	AE.	1	
STREET ADDRESS					3.3 STR	EET A	NDDRESS	
CITY-ST-ZIP					3.4. CIT	Y-SI	7-7IP	
TITLE				DELETE	4.1 TITL			Change Addition
NAME					4. 2 NAI	ME	}	
STREET ADDRESS				4.3 STREET ADDRESS			NOORESS	
CITY-ST-ZIP					4.4 CITY	/-SI	- ZIP	
TITLE				DELETE	5.1 TITL	Æ	[☐ Change ☐ Addition
NAME					5.2 NAM	Æ		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
STREET ADDRESS					5.3 STR	EET A	NDORESS	7c/1/6
CITY-ST-ZIP					5.4 CITY		- ZIP	<u> </u>
TITLE				DELETE	6.1 THE	E		1000025371d1 LAddition
NAME					6.2 NAM	Æ		-05/27/9801091002
STREET ADDRESS					6.3 SYR	EET A	ADDRESS	***150.00
CITY-ST-ZIP					6.4 CITY	/-S1	- ZIP	7-7-7-3-00-000

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 applied 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 of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an architecturally with an address.

FILED

May 26 1998 8:00am

Secretary of State