

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90006 026 ***150.00

DOCUMENT # P97000082998

1. Corporation Name

PANORAMIC DEVELOPMENT CORPORATION

Principal Place of Business

1225 AVE ST GEORGES
WESTGATE OH 44145

Mailing Address

1225 AVE ST GEORGES
WESTGATE OH 44145



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1997

4. FEI Number **59-3518879**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

1 **126 South Shore Dr**

Suite, Apt. #, etc.

2 **34**

City & State

1 **Destin, Florida**

Zip

1 **32541**

Country

25 **USA**

2a. Mailing Address

26 **P.O. Box 5587**

Suite, Apt. #, etc.

27

City & State

28 **Destin, Florida**

Zip

29 **32540**

Country

30 **USA**

9. Name and Address of Current Registered Agent

KRAEMER, MARY K
727 HIGHWAY 98 EAST
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name **Ronald L. Sassano**

82 Street Address (P.O. Box Number is Not Acceptable)

126 South Shore Dr. #34

83

City

Destin

FL

85 Zip Code

32541

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-20-99

2. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SASSANO, MICHAEL A	
STREET ADDRESS	345 SOUTH END AVE, #6M	
CITY-STATE-ZIP	NEW YORK NY 10280	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SASSANO, RONALD L	
STREET ADDRESS	1225 RUE SAINT GEORGES	
CITY-STATE-ZIP	WESTLAKE OH 44145	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SASSANO, RONALD L.
2.3 STREET ADDRESS	126 SOUTH SHORE DR #34
2.4 CITY-STATE-ZIP	DESTIN, FLORIDA 32541
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-20-99 (850) 936-1133
Date Daytime Phone #

CR2E034 (5/99)