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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P98000049381**1. Corporation Name

PANORAMIC SERVICES.COM, INC.

Principal Place of Business	Mailing Address		
3201 KIRK STREET COCONUT GROVE FL 33133	3201 KIRK STREET COCONUT GROVE		

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90001 029 ***158.75



Principal Place of Business Mailing Address					L INDEFINANT (IN JAME) (ANT) AREA (MAIN AND IN A	illi Bibia ikian iiini i	#101 1101 (BB)
3201 KIRK STREET 3201 KIRK STREET							
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
				_	06/02/1998		
2. Principal P	ace of Business	2a. Mailing Address			4 FFI Number	Apr	olied For
26					65-0841989	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	1
City & State	9	City & State		-	6. Election Campaign Financing	\$5.00	May Re
23	~	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	1
24	25	<u>├</u> ─┐	0		Personal Property Tax.		No
	9. Name and Address of Curre		7		10. Name and Address of New Register	ed Agent	
			81	Name			
BERI	MAN, HOWARD E		82	Charat Add	ress (P.O. Box Number is Not Acceptable)		
3201	KIRK STREET		02	Street Addi	ess (P.O. Box Number is Not Acceptable)	-	
COC	ONUT GROVE FL 33133		83		•		
					<u> </u>	85 Zip C	`nd-
			84	City	F	5 Zip C	.ode
office or r	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was aut ations of, Section 607.0505, Florid	horized by da Statutes	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	ppointment as reg	jistered
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	DIAMOND, MARK		1.2 NAME				ļ
STREET ADDRESS	3201 KIRK STREET		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL 33133		1.4 CITY-S	T-ZIP			
TITLE	VS	☐ DELETE	2.1 TITLE			Change	Addition
NAME	BERMAN, HOWARD		2.2 NAME	1		- قد -	-
STREET ADDRESS	12180 SOUTHWEST 92ND AV	ENUE	2.3 STREE	T ADDRESS		•	
CITY-ST-ZIP	MIAMI FL 33176		2. 4 CITY-5	ST-ZIP	· _		
TITLE	THE WATER	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME			•]
STREET ADDRESS			3.3 STREE	TADDRESS	′ •		<i>'</i>
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4,1 TITLE			Change	☐ Addition
NAME			4. 2 NAME	'			}
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				

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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

☐ Change

☐ Addition