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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P98000066299**

1. Corporation Name
~~THE KRUSZEWSKI CORPORATION~~ PANE RUSTICA INC.

Principal Place of Business	Mailing Address
~~101 S. OLD COACHMAN RD., #514~~ ~~CLEARWATER FL 33765~~	~~101 S. OLD COACHMAN RD., #514~~ ~~CLEARWATER FL 33765~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2821 MACDILL AVE S.	2a. Mailing Address 26 2821 MACDILL AVE S
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA, FLORIDA	City & State 28 TAMPA, FLORIDA
Zip / Country 24 33629 25 USA	Zip / Country 29 33629 30 USA

3. Date Incorporated or Qualifed: 07/29/1998

4. FEI Number: 59-3524954 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

K.W. COLE, CPA, PA
7628 N. 56TH ST., SUITE 15
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name: DICKENS & ASSOCIATES
82 Street Address (P.O. Box Number is Not Acceptable)
83: 7628 N. 56TH ST., Suite 15
84 City: TAMPA FL 85 Zip Code: 33617

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAREN BLOOD-KRUSZEWSKI, ~~KARYN T~~ 101 S. OLD COACHMAN RD., #514 CLEARWATER FL 33765	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRUSZEWSKI, KEVIN A 101 S. OLD COACHMAN RD., #514 CLEARWATER FL 33765	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KRUSZEWSKI, KEVIN A. 502 SOUTH FREMONT AVE. APT. 1036 TAMPA, FL. 336006	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BLOOD-KRUSZEWSKI, KAREN T. 502 SOUTH FREMONT AVE APT. 1036 TAMPA, FL. 336006	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Addition

(#9.
REGISTERED AGENT IS THE SAME - JUST THEIR NAME WAS CHANGED.

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

SIGNATURE: KEVIN A. KRUSZEWSKI (KEVIN A. KRUSZEWSKI) 3-31-99 727-692-6799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)