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

COF ANNU	PROFIT CORPORATION ANNUAL REPORT 1999 FLORIDA DEPARTMEN Katherine Ha Secretary of St DIVISION OF CORPO					•		o se sei f	FILED MARY DEST	4ïA			
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DOCUMENT# P9800610 1917 1. Corporation Name PALLASCAN, INC.								99 AUG -3 PM 2:41					
Principal Place of Business Mailing Address								A) 66	0	um k	. ~.	_	
7451 NE 7 CT							04-06-49 90032 045 \$150.00 DO NOT WRITE IN THIS SPACE						
BOCA RATON, FL.								3. Date Incorporated or Qualified					
<i>3</i> 3487								NB		R DEC.	8,1	498	
Principal Place of Business 2a. Mailing Address								Number			Арр	lied For	
21 7451 NE 7 CT 26 Suite, Apt. #, etc. Suite, Apt. #, etc.												Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Cer	tifcate of Sta	tus Desired		/ ⊃ Adee Req	iditional uired	
City & State City & State							6. Ele	ction Campai	ign Financing			May Be	
23 BOCA RATON, FL 28							Tru	st Fund Cont	tribution L		ded to		
Zip Country Zip Cou 24 33487 25 U.S.A. 29 30							8. This corporation owes the current year Intangible Personal Property Tax.						
14 201		ss of Current Register		301	Ī				ress of New Regi				
TIFFANY CHRISTIAN						Name							
						Street A	ddress (P.O. I	Box Number	is Not Acceptable)				
BOCA RATON, FL							·						
33 487													
84 City										FL 85	Zip Co	ode	
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 Contact name of Floridance agent and title if applicable (NOTE: Registered Agent signature required when reinstaturg) DATE DATE											stered		
12.	OF	FICERS AND DIRECT	ORS	13.		- 			NGES TO OFFICE				
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indicated of officer or of	ertify that the information on this annual report or s director of the corporation or Block 13 if changed, o	upplemental annual rep or the receiver or trust	ort is true and accur ee empowered to ex	rate and recute th	that r is rep	ny signat ort as re	ture shall have quired by Cha	the same le	gal effect as if mad	de under oath:	that I a	m an	

OFFICER OF DIRECTOR CHRISTIAN , PRESIDENT 7-29-99 561-998-0174 SIGNATURE: