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

Mailing Addrage

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000104955 1. Corporation Name

PANARO, INC.

Principal Place of Business

Finicipal Flac	e or business		moning / too					
9236 SE RIVER JUPITER FL 334		9236 SE RIVER TERR. Jupiter FL 33469						
							DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed	
						12/17/1998		
2. Principal Place of Business 2a. Mailing Address							4 FFI Number Applied For	
21			26				65-0897082 Not Applicable	
Suite. Apt. #, etc.				Suite, Apt. #, etc.			\$8.75 Additional	
22			27				5. Certificate of Status Desired Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	
23			28				Trust Fund Contribution Added to Fees	
Zip		Country	Zip	*****	Country		8. This corporation owes the current year Intangible	
24	25	,	29	30	กั		Personal Property Tax. Yes No	
		Address of Curren			1-		10. Name and Address of New Registered Agent	
	J. 1101110 C.14				81	Name		
PANARO, CHARLES 9236 SE RIVER TERR. JUPITER FL 33469								
					82	82 Street Address (P.O. Box Number is Not Acceptable)		
					-	83		
					63	83		
					84	City	FL 85 Zip Code	
office or	registered agent. o	of Sections 607.050 or both, in the State and accept the obligat	of Florida. Such (change was auth	iorized by	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE								
						it signature n	POLITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	In a	OFFICERS AN		☐ DELETE			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD			DELETE	1.1 TITLE			
NAME	PANARO, CHA				1.2 NAME			
5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1					1.3 STREE	ADDRESS		
CITY-ST-ZIP	JUPITER FL 33	469			1.4 CITY-S	T-ZIP		
TITLE				☐ DELETE	2.1 TITLE		☐ Change ☐ Additi	
NAME	1				2.2 NAME			
1					2.3 STREE	ADDRESS		
CITY-ST-ZIP					2.4 CITY-5			
TITLE	 			DELETE	3.1 TITLE	-	☐ Change ☐ Addit	
					3.2 NAME			
NAMÉ	1				J.L IVWE		I .	

CITY-ST-ZIP 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 trusteen empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADORESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

Convers AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

□ DELETE

☐ DELETE

Daytime Phone #

Change

Change

Change

☐ Addition

Addition

Addition

FILED

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90045 013 ***150.00