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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S49703** (9)

1. Corporation Name
PANAMA MOTORS, INC.

Principal Place of Business

**7406 N MAIN ST
JACKSONVILLE FL 32208**

Mailing Address

**7406 N MAIN ST
JACKSONVILLE FL 32208-4125**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**BERRYMAN, DONALD C.
7406 N MAIN ST
JACKSONVILLE FL 32208**

81 Name

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

83

84 City

FL 85 Zip Code

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 for, if applicable

(NOTE: Registered Agent's signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	BERRYMAN, VIVIAN	
STREET ADDRESS	541 VERA DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	DELETE
NAME	BERRYMAN, KEITH L	
STREET ADDRESS	551 VERA DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	DELETE
NAME	BERRYMAN, RICHARD L	
STREET ADDRESS	10821 PEACEFUL HARBOR DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	DELETE
NAME	BERRYMAN, DONALD C	
STREET ADDRESS	14912 WADE RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	DELETE
NAME	BERRYMAN, RONALD E	
STREET ADDRESS	625 E. 57TH ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S T	DELETE
NAME	KEY, CHERYL	
STREET ADDRESS	511 VERA DR	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.37(3)(c), 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 *Cheryl D. Key*

Cheryl D. Key

FILED
Apr 16 1997 8:00am
Secretary of State



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