

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Sep 11 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S64995 (1)**  
 1. Corporation Name  
**PERMATANK TECHNOLOGIES, INC.**



Principal Place of Business 11710-A HWY 301. NO. THONOTOSASSA FL 33592 US	Mailing Address P. O. BOX 280676 TAMPA FL 33687 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>11801 ELYSSA RD.</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>THONOTOSASSA FL</b>	City & State 28
Zip 24 <b>33592</b>	Country 25 <b>Hills</b>
	Country 30

3. Date Incorporated or Qualified <b>07/01/1991</b>	3a. Date of Last Report <b>07/02/1996</b>
4. FEI Number <b>59-3077808</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STERNS, RANDY K.  
 220 SOUTH FRANKLIN STREET  
 TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DAVID T PALAZZO	
STREET ADDRESS	11710-A HWY 301 NO	
CITY-ST-ZIP	THONOTOSASSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVID L REDMOND	
STREET ADDRESS	11710-A HWY 301 NO	
CITY-ST-ZIP	THONOTOSASSA FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	JAN G BURNETT	
STREET ADDRESS	11710-A HWY 301 NO	
CITY-ST-ZIP	THONOTOSASSA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>11801 ELYSSA RD</b>
1.4 CITY-ST-ZIP	<b>THONOTOSASSA, FL 33592</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>11801 ELYSSA RD.</b>
2.4 CITY-ST-ZIP	<b>THONOTOSASSA, FL 33592</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>11801 ELYSSA RD</b>
3.4 CITY-ST-ZIP	<b>THONOTOSASSA, FL 33592</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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.

SIGNATURE \_\_\_\_\_ DATE **9/12/97**

CR2E034 (4/97)