FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S99601** **(4)**

1. Corporation Name

PAMAR INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
3017 WATERWAY BLVD. ISLE OF PALMS SC 29451	3017 WATERWAY BLVD. ISLE OF PALMS SC 29451

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/11/1991**
3a. Date of Last Report: **12/12/1994**

2. Principal Place of Business
21: 304 HERMITS TRAIL
22: Suite, Apt. #, etc
23: ALTAMONTE SPRINGS, FLORIDA
24: 32701
25: Country: USA
26: Mailing Address
27: Suite, Apt. #, etc
28: City & State
29: Zip
30: Country

4. FEI Number: **59-3103267** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. ☐ **$5.00** May Be Added to Fees

7. This corporation has been, for a straight tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HALL, CHARLES A.
417 CANAL ST
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

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 Section 607.1505, 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 607.325, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	REISS, PAUL W.
STREET ADDRESS	3017 WATERWAY BOULEVARD
CITY ST ZIP	ISLE OF PALMS SC 29451
TITLE	VST
NAME	REISS, MARGARET M.
STREET ADDRESS	3017 WATERWAY BOULEVARD
CITY ST ZIP	ISLE OF PALMS SC 29451
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	☐ Change	☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE	☐ Change	☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE	☐ Change	☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE	☐ Change	☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE	☐ Change	☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE	☐ Change	☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added, in connection with an address.

SIGNATURE: _____ 4/28/95 Date

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

803 816 3055 Daytime Phone #

0004415 FN