SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
1995 JUL 27 AM 10:13
TALLAHASSEE, FLORIDA

DOCUMENT # **V28173** **(5)**

1. Corporation Name
PANNOX HEALTH PRODUCTS, INC.

Principal Place of Business
6804 COUNTRY LAKES CIR
SARASOTA FL 34243

Mailing Address
6804 COUNTRY LAKES CIR
SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1992
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business
21 20 Seth Canyon Drive
22 Suite, Apt. #, etc.
23 City & State: Mt. Kisco, NY
24 Zip: 10549
25 Country: U.S.A

2a. Mailing Address
26 P.O. Box 983
27 Suite, Apt. #, etc.
28 City & State: Mt. Kisco, NY
29 Zip: 10549
30 Country: U.S.A

4. FEI Number: 65-0327956 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

LENNOX, PETER T.
6804 COUNTRY LAKES CIRCLE
SARASOTA FL 34243

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 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] Peter Lennox 6/14/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. Date

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LENNOX, PETER T
STREET ADDRESS	6804 COUNTRY LAKES CIRCLE
CITY ST ZIP	SARASOTA FL
TITLE	CPS
NAME	PANG, MARIANN
STREET ADDRESS	14 HEDGEROW DRIVE
CITY ST ZIP	ENGLEWOOD NJ
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/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	☒ Change ☐ Addition
12 NAME	Ernie Pang	
13 STREET ADDRESS	20 Seth Canyon Drive	
14 CITY ST ZIP	Mount Kisco, NY 10549	
21 TITLE	Director	☒ Change ☐ Addition
22 NAME	Peter Salmon	
23 STREET ADDRESS	Food NETWORK, 135 Langmuir Labs, Cornell Research Technology Park	
24 CITY ST ZIP	Ithaca, NY 14850	
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)(k), 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: [signature] ERNEST PANG 7/20/95 (914) 244-3618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)

0165330 FP