

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V64751 (3)

1. Corporation Name
PAN ATLANTIC INVESTMENTS OF FLORIDA, INC.



Principal Place of Business Mailing Address
**809 E. OAK ST.
SUITE 104
KISSIMMEE FL 34744**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Country
24. Zip 25. Country 29. Zip 30. Country

3. Date Incorporated or Qualified **09/17/1992** 3a. Date of Last Report **07/11/1995**
4. FCI Number **59-1170683** 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

**MILES, R. STEPHEN J
4305 NEPTUNE ROAD
ST CLOUD FL 34789**

10. Name and Address of New Registered Agent

81. Name **COUTTS ALAN**
82. Street Address (P.O. Box Number is Not Acceptable) **809 E. OAK ST**
83. **SUITE 104**
84. City **KISSIMMEE** FL 85. **34744**

11. Pursuant to the provisions of Sections 607.0507 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 accordance with Section 607.0505, Florida Statutes. 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 duties of, the office of registered agent.

SIGNATURE *[Signature]* **ALAN COUTTS** DATE **04/03/96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	COUTTS, ALAN	
STREET ADDRESS	809 E OAKS ST., STE. 104	
CITY-STATE-ZIP	KISSIMMEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILES, R. S JR.	
STREET ADDRESS	4305 NEPTUNE ROAD	
CITY-STATE-ZIP	ST. CLOUD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, DONALD P	
STREET ADDRESS	4303 NEPTUNE ROAD	
CITY-STATE-ZIP	ST. CLOUD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	COUTTS ALAN	
13 STREET ADDRESS	809 E. OAK ST., STE 104	
14 CITY-STATE-ZIP	KISSIMMEE, FL. 34744	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **ALAN COUTTS** DATE **04/03/96** **4078467707**

CR2E034 (12/95)