

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90045 048 ***150.00

000770X

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 836039

1. Corporation Name
THE PANNIER CORPORATION



Principal Place of Business
 207 SANDUSKY ST.
 PITTSBURGH PA 15212

Mailing Address
 207 SANDUSKY ST.
 PITTSBURGH PA 15212

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/26/1976

4. FEI Number
25-0940589

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 owes the current year Intangible Personal Property Tax. Yes No

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
DEBLASIS, PETER
5438 ASHTON COURT
SARASOTA FL 33583

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ECKERT, JOHN	
STREET ADDRESS	SCHROATH BLDG., SUITE C	
CITY-ST-ZIP	CLARKSBURG, W VA 26302	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VISCONTI, JOHN	
STREET ADDRESS	3101 MT ROYAL BLVD	
CITY-ST-ZIP	GLENSHAW PA 15116	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEDDAEUS, SCOTT	
STREET ADDRESS	217 JOHNSTON RD	
CITY-ST-ZIP	PITTSBURGH PA 15241	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WISE, JOHN	
STREET ADDRESS	231 THORN ST	
CITY-ST-ZIP	SEWICKLEY PA 15241	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	CARVELLI, ALBERT	
STREET ADDRESS	1306 POWERS RUN RD	
CITY-ST-ZIP	PITTSBURGH PA 15238	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: David Ed Gibbs Jr DATE: 2/24/99 DAYTIME PHONE #: (412) 323 4900

CR2E034 (1/198)