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

**PROFIT** CORPORATION ANNUAL REPORT

1999

DACTROLI INO

DOCUMENT # V40393

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90040 009 \*\*\*150.00

PACINON, INC.						I HADII ONDER ONON OORDE SIIRE KEERE ISHI OSON BIDII ONDER ONDER ONDER SIIRE SIIRE		
Principal Place	e of Business	Mailing Address				1 1981 511811 53811 58118 13118 13118 1311		17817 07911 1421
2639 ALBION S	TREET	2639 ALBION STREET						
HOLIDAY FL 34691		HOLIDAY FL 34691			DO NOT WRITE IN THIS	SPACE		
		U\$				3. Date Incorporated or Qualifed	DI ACE	
						06/02/1992		ł
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	T A	pplied For
21		26				59-3127112	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional
22	· .	27	-			5. Certificate of Status Desired	Eee.Re	equired
City & State	e	City & State	-			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Coun	ntry		8. This corporation owes the current year Inf		
24	25	29 :	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	ent Registered Agent		1		10. Name and Address of New Registered	Agent	<del></del>
INICO	NO BOLAND		ļ	81	Name			1
	CHO, ROLAND		į,	82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	ALBION STREET							
HUL	IDAY FL 34691			83				ļ
			}	84	City	FL	85 Zip	Code
		500 1007 1500 Ft 11- Ot-11-	- 455			ration submits this statement for the purpose of	changing its	registered
office or r	registered agent, or both, in the Statem familiar with, and accept the obligations.	le of Florida. Such change was all	thorizea	DV In	ne corporation	's board of directors. I hereby accept the appo	ntment as re	gistered
SIGNATURE		NOTE:	D. Street	0.00-4-	signature required v	when reinstating) DATE		[
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13.	Agent s	Signature required	ADDITIONS/CHANGES TO OFFICERS AT	D DIRECTO	ORS IN 12
TITLE	DPS	☐ DELETE	1.1 TITL	LE			Change	☐ Addition
NAME	INSCHO, ROLAND	_	1.2 NAM	ME				
STREET ADDRESS	2639 ALBION ST				ODRESS			
CITY-ST-ZIP	HOLIDAY FL			Y-ST-				1
TITLE	VT	DELETE 2.11						
NAME	INSCHO, SOM	U DELESE	2,1 1011	l.E	II		Change	Addition
STREET ADDRESS			2.1 IIII				Change	Addition
-			2.2 NA	ME	ADDRESS		Change	Addition
CITY_ST. 7ID	-HOLIDAY-FL	Defere	2.2 NAI 2.3 STF	ME REET A	ADDRESS .		Change	Addition
CITY-ST-ZIP	HOLIDAY FL	DELETE	2.2 NA	ME REET A	1		☐ Change	Addition
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TITLE NAME	-HOLIDAY-FL-		2.2 NAJ 2.3 STF 2.4 CIT 3.1 TITE 3.2 NAJ 3.3 STF	ME REET A TY-ST- LE ME REET A TY-ST-	ZIP ADDRESS			
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CITY-ST-ZIP 14. 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.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Nocho 13 Feb 94 727 9344223