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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMEN 1. Corporation Name	

P93000003066 (6)

SIGNATURE:

PATCO MARKETING GROUP, INC.

Principal Place of Business Mailing Address							
P232 CAESP ST. PETERS	ar way 9 Burgafl \$3712	2032 Chesañ Way) 9 St. Petersburg fi	2712				
•					3. Date Incorporated or Qualified 01/12/1993	3a. Date of Last 05/16/	
 Principal Place /3/40 		2a. Mailing Address 26 P. O Kest	307	/	4. FEI Number 59-3165191		Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	LJ Fee	5 Additional Required
	LAREO FL 28 SEMINORE FL		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip 24 376 4 8	Country 25 PINEUAS	29 34645-307	30 Count	veclas	8. This corporation has liability for in Florida Statutes Yes	□No	s 199.032,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered Agent	
			8	1 Name			
WASHINGTON, CHARLES M 2451 ATWELL CT		2 Street Add	Address (P.O. Box Number is Not Acceptable)				
NEW P	ORT RICHEY FL 34656		8				
			8	4 City		FL 85	Zip Code
SIGNATURE _	n, and accept the obligations of, Sect	and title if applicable. (NOTE		ent signature require	ed when roinstaling) ADDITIONS/CHANGES TO OFF	DATI	TORS IN 12
12.	OFFICERS AN		13.	 	ADDITIONS/CHANGES TO OFFI	Change	
TITLE	PS WAVRO, PATRICIA	☐ DELETE	1. 1 TITL			[] Chang	E Modition
NAME	2232 CAESAR WAY S		1.2 NAM	;			
STREET ADDRESS	ST PETERSBURG FL			ET ADDRESS			
CITY-ST-ZIP TITLE	VI	☐ DELETE	1.4 City 2. 1 TiTL			[] Chang	e
NAME	WAVRO, ROBERT	<u></u>	2.2 NAM				_
STREET ADDRESS	2232 CAESAR WAY S			ET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL		2 4 DITY	-\$1-ZIP			
TITLE		☐ DELETE	3 1 THE	E		☐ Chang	e 🔲 Addition
NAME			32 NAM	E			
STREET ADDRESS			3.3. STR	EET ADDRESS			
CITY-ST-ZIP				-SI-ZIP		C7 Chase	Addition
TITLE		☐ DELETE	4. 1 TITU			☐ Chang	e 🔲 Addition
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STREET ADDRESS				ET ADORESS -ST-ZIP			
CITY-ST-ZIP TITLE		[] DELETE	5. 1 TITL			Chang	e 🔲 Addition
NAME			5.2 NAM			_ `	
STREET ADDRESS			4	ET ADDRESS			
CITY-ST-ZIP				-ST-7IP			
TITLE		☐ DELETE	6 1 TITE	E		☐ Chang	e 🔲 Addition
NAME			62 NAM	E			
STREET ADDRESS			63 STRI	ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP		07(0)(1) [5]	
certify that	the information indicated on this ann	ual report or supplemental annua pration or the receiver or trustee	al report is empowere	true and accur	for the exemption stated in Section 119 ate and that my signature shall have the his report as required by Chapter 607, FI	same legal effect a	s it made under

Best Est Ward
PPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Prione #