

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

DOCUMENT # **P95000074148 (4)**

1. Corporation Name
ROBERT PATRICK, INC.



Principal Place of Business: **326 PERUVIAN AVENUE SHOP 5 PALM BEACH FL 33480**
Mailing Address: **326 PERUVIAN AVENUE SHOP 5 PALM BEACH FL 33480**

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	10/01/1995		N/A
4.	FBI Number	Applied For	
	65-0613678	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**CAPLAN, LOUIS
% ST. JOHN, KING & DICKER
500 AUSTRALIAN AVENUE SOUTH, SUITE 600
W. PALM BEACH FL 33401**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	DE CASERE, ROBERT
NAME	DECASERE, ROBERT	12. NAME	DE CASERE, ROBERT
STREET ADDRESS	170 CHILEAN AVENUE, APT. 4-D	13. STREET ADDRESS	170 CHILEAN AVENUE, APT. 4-D
CITY - ST - ZIP	PALM BEACH FL 33480	14. CITY - ST - ZIP	PALM BEACH FL 33480
TITLE	D	2. TITLE	FARBO, PATRICK C.
NAME	FARBO, PATRICK C	22. NAME	FARBO, PATRICK C.
STREET ADDRESS	170 CHILIAN AVENUE, APT. 4-D	23. STREET ADDRESS	170 CHILIAN AVENUE, APT. 4-D
CITY - ST - ZIP	PALM BEACH FL 33480	24. CITY - ST - ZIP	PALM BEACH FL 33480

3. TITLE		31. TITLE	
32. NAME		32. NAME	
33. STREET ADDRESS		33. STREET ADDRESS	
34. CITY - ST - ZIP		34. CITY - ST - ZIP	
4. TITLE		41. TITLE	
42. NAME		42. NAME	
43. STREET ADDRESS		43. STREET ADDRESS	
44. CITY - ST - ZIP		44. CITY - ST - ZIP	
5. TITLE		51. TITLE	
52. NAME		52. NAME	
53. STREET ADDRESS		53. STREET ADDRESS	
54. CITY - ST - ZIP		54. CITY - ST - ZIP	
6. TITLE		61. TITLE	
62. NAME		62. NAME	
63. STREET ADDRESS		63. STREET ADDRESS	
64. CITY - ST - ZIP		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: *Patrick C. Farbo* **PATRICK C. FARBO** 4/15/96 (407) 655-0545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)