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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 382423

121

FILED Feb 19 1997 8:00am Secretary of State

1. Corporation Name ADCO PATCH, INC. Principal Place of Business Mailing Address 3091 NW 129TH STREET OPA LOCKA FL 33054 OPA LOCKA FL 33054						
				3. Date Incorporated or Qualified	3a. Date of Last	•
A Principal	Place of Business	2a. Mailing Address		05/19/1971 4. FEI Number	02/22/1996	Applied For
21	Fidee of positions	26 26		59-1424260	-	Not Applicable
Suite, Api	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
City & Sta	de	City & State		6. Election Campaign Financing		May Be
23		28		Trust Fund Contribution		nd to Fees
Ζιρ	Country	Zip	Country	8. This corporation has liability for i	intangible tax unde	s. 199.032,
24	25	29	30		Yes No	
	g, Name and Address of Curr	rent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
309 PO	RNES, EDDIE J 91 NW 129 ST BOX 262 A LOCKA FL 33054		83	ldress (P.O. Box Number is Not Acceptab		
			84 City		FL 85 Z	p Code
11, Pursuan office or	registered agent, or both, in the Sta	0502 and 607.1508. Florida Sta ate of Florida. Such change wa	stutes, the above-named co as authorized by the corpor	orporation submits this statement for the praction's board of directors. I hereby accept	surpose of changing of the appointment	j its registered as registered
office or agent 1 SIGNATURE	Signature, typed or practice name of registered		atules, the above-named co as authorized by the corpor Florida Statutes. NOTE: Registered Agent signature rec	orporation submits this statement for the pration's board of directors. I hereby acception and the property of	DATE	
SIGNATURE	Stp-alure, typed or pretice came of registered OFFICERS A	agent and title Lapphoable. (P	NOTE: Registered Agent signature rec	quired when re-instating)	DATE	ORS IN 12
SIGNATURE 12. THE NAME	Signature, typed or prictice name of registered OFFICERS A PO BARNES, EDDIE J	agent and title I applicable. (F	NOTE: Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME	quired when re-instating)	DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE 12. TILE NAME SIREFT ADDRESS	Stgrature, typed or prefee came of tegislered OFFICERS A PO BARNES, EDDIE J 3091 NW 129TH ST.	agent and title I applicable. (F	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quired when re-instating)	DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE 12. THE NAME SIREFT ADDRESS CITY STEZIP	Stgrature, typed or perfect came of registered OFFICERS A PO BARNES, EDDIE J 3091 NW 129TH ST. OPA LOCKA FL 33054	agent and title Lappscable (*) AND DIRECTORS DELETE	NOTE: Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	quired when re-instating)	DATE DERS AND DIRECTO	ORS IN 12 e Addition
SIGNATURE 12. THE NAME SIREFT ADDRESS CITY-ST-2IP TITLE	PD BARNES, EDDIE J 3091 NW 129TH ST. OPA LOCKA FL 33054 STD	agent and title I applicable. (F	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	quired when re-instating)	DATE CERS AND DIRECTO	ORS IN 12 e Addition
SIGNATURE 12. THE NAME SIREFT ADDRESS CITY ST-ZIP	PO BARNES, EDDIE J 3091 NW 129TH ST. OPA LOCKA FL 33054 STD BARNES, JOANNE	agent and title Lappscable (*) AND DIRECTORS DELETE	NOTE: Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	quired when re-instating)	DATE DERS AND DIRECTO	ORS IN 12 e Addition
SIGNATURE 12. THE NAME SIREFT ADDRESS CHY-ST-ZIP THLE NAME	PD BARNES, EDDIE J 3091 NW 129TH ST. OPA LOCKA FL 33054 STD BARNES, JOANNE	agent and title Lappscable (*) AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	quired when re-instating)	DATE CERS AND DIRECTO Chang	ORS IN 12 e
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I do 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.