

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F54107 (0)
1. Corporation Name
PAT MILLS ENTERPRISES, INC.

Principal Place of Business POST OFFICE BOX 420493 SUMMERLAND KEY FL 33042	Mailing Address POST OFFICE BOX 420493 SUMMERLAND KEY FL 33042
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/09/1981	4. FEI Number 59-2240246	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 24 940 PALM LN Suite, Apt #, etc. 22 City & State 23 SUMMERLAND KEY, FL. 24 33042 25 MONROE Zip Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29 30
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9. Name and Address of Current Registered Agent MILLS, PAT 14 PALM LN. SUMMERLAND KEY FL 33042	10. Name and Address of New Registered Agent 81 Name MILLS PAT 82 Street Address (P.O. Box Number is Not Acceptable) 83 24 940 PALM LN 84 City SUMMERLAND KEY FL 85 Zip Code 33042
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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 _____
Signature typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, PATRICK G	1.2 NAME	
STREET ADDRESS	PO BOX 420493 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOKELL, MARY-ANN	2.2 NAME	
STREET ADDRESS	PO BOX 420493 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  PAT MILLS PRES 14-25-98
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0166596

CR2E034 (10/97)