FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G24552** **(3)**

1. Corporation Name

PATAKY, INC.

Principal Place of Business	Mailing Address
C/O PATAKY, JOAN 27755 SOUTHWEST 202ND AVENUE HOMESTEAD FL 33031	C/O PATAKY, JOAN 27755 SOUTHWEST 202ND AVENUE HOMESTEAD FL 33031

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/14/1983
3a. Date of Last Report: 07/29/1994

2. Principal Place of Business
21: 31950 SW 197 AVE
22: Suite, Apt. #, etc.
23: City & State: HOMESTEAD, FLORIDA
24: Zip: 33030 25: Country: DADE

2a. Mailing Address
26: P.O. BOX 901223
27: Suite, Apt. #, etc.
28: City & State: HOMESTEAD, FLORIDA
29: Zip: 33090 30: Country: DADE

4. FEI Number: 59-2258602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

PATAKY, JOAN
27755 SOUTHWEST 202ND AVENUE
HOMESTEAD FL 33031

10. Name and Address of New Registered Agent

81 Name: MR. LESLIE PATAKY
82 Street Address (P.O. Box Number is Not Acceptable): 31950 SW 197 AVE.
83: P.O. BOX 901223
84 City: HOMESTEAD FL 85 Zip Code: 33090

11. Pursuant to the provisions of Section 607.0505 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: LESLIE PATAKY APRIL 22, 1995
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	PATAKY, JOAN	12 NAME	PATAKY, JOAN	
STREET ADDRESS	27755 SW 202 AVENUE	13 STREET ADDRESS	31950 SW 197 AVE	
CITY-ST-ZIP	HOMESTEAD, FL 00000	14 CITY-ST-ZIP	HOMESTEAD, FLORIDA	
TITLE	ST	21 TITLE	ST	☑ Change ☐ Addition
NAME	PATAKY, JOAN	22 NAME	PATAKY, JOAN	
STREET ADDRESS	27755 SW 202 AVENUE	23 STREET ADDRESS	31950 SW 197 AVE	
CITY-ST-ZIP	HOMESTEAD FL	24 CITY-ST-ZIP	HOMESTEAD, FLORIDA	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
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)(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: Joan Pataky, Pres. April 22, 1995 305 245-8019
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — DATE — Daytime Phone #

0110753 CP