

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H35120 (5)

1. Corporation Name
PATACO, INC.



Principal Place of Business 10822 N. EDISON TAMPA FL 33612	Mailing Address 10822 N. EDISON TAMPA FL 33612-6502
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2. Principal Place of Business 21 8416 Laurel Fair Cir Suite, Apt. #, etc. 22 114 City & State 23 Tampa Zip 24 33610 Country 25 US	2a. Mailing Address 26 8416 Laurel Fair Cir Suite, Apt. #, etc. 27 114 City & State 28 Tampa Zip 29 33610 Country 30 US	3. Date Incorporated or Qualified 12/21/1984	3a. Date of Last Report 04/30/1996
		4. FEI Number 59-2483312	Applied For 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent FERRARO, ANTHONY G. 10822 N. EDISON TAMPA FL 33612	10. Name and Address of New Registered Agent 81 Name Tina M Reese 82 Street Address (P.O. Box Number is Not Acceptable) 8416 Laurel Fair Circle 83 #114 84 City Tampa FL 85 Zip Code 33610
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11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: *Tina M. Reese* DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President/Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FERRARO, ANTHONY G.		1.2 NAME Tina M Reese	
STREET ADDRESS 10822 N. EDISON AVE.		1.3 STREET ADDRESS 1012 Emerald Creek Dr	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP Valrico FL 33594	
TITLE DVP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice Pres/Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FERRARO, WILMA		2.2 NAME Daniel Reese	
STREET ADDRESS 10822 N. EDISON AVE.		2.3 STREET ADDRESS 1012 Emerald Creek Dr	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP Valrico FL 33594	
TITLE DTS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BULLOCK, TINA DECARLO		3.2 NAME	
STREET ADDRESS 1012 EMERALD CREEK		3.3 STREET ADDRESS	
CITY-ST-ZIP VALRICO FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

SIGNATURE: *Tina M. Reese* DATE: *5/13/97 (83)*

CR2E034 (9/96)