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CORPORATION ANNUAL REPORT



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

·	1996	DIVISION OF	- CORPOR	ATIONS			
Corporation	• • • • • • • • • • • • • • • • • • • •	(-)					
P.J. P	ATRAS CAB COMPANY,	, INC.					
ncipal Place o	of Business	Mailing Address					I FAF OUDAL BIOLICUS
C/O PETER JOHN PATRAS 1226 - 47 AVENUE NORTH ST. PETERSBURG FL 33703		C/O PETER JOHN PATRAS 1226 - 47 AVENUE NORTH ST. PETERSBURG FL 33703					
					3. Date incorporated or Qualified 10/25/1985	3a. Date of Last F 01/20/	
Principal Plac	ce of Business	2a. Mailing Address 26			4. FEI Number 59-2599213		Applied For
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Not Applicab Additional
City & State		City & State			6. Election Campaign Financing	\$5.0	Required May Be
	Country	28	Coul	ntry	Trust Fund Contribution 8. This corporation has liability for	intangible tax under s	d to Fees 199.032,
	25 9. Name and Address of Curr	29 rent Registered Agent	30]		Florida Statutes Yes 10. Name and Address of New F	No Registered Agent	
				81 Name	TO. Name and Address of New P	redistered wheth	
	S, PETER JOHN 7 AVENUE NORTH		-	82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
	TERSBURG FL 33703		-	83			
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				04 03			a Cada
Pursuant to or registered familiar with	the provisions of Sections 607,05 d agent, or both, in the State of Fig.	502 and 607.1508, Florida Statut orida. Such change was authoriz	es, the above	84 City ve-named corpor orporation's boa	ration submits this statement for the purific of directors. I hereby accept the app		p Code registered off dagent. I am
JATUERE	gost and by ped or printed name of registered as	int and title 1 applicable (NC	es, the aboved by the cost.	' '	ed when rainstating)	rpose of changing its cointment as registered	registered off Lagent. Lam
NATURE si	grature byted or provided name of registered as OFFICERS A	ection 607,0003, Florida Statutes	es, the aboved by the cost.	ve-named corpor orporation's boa Agent signature require		pose of changing its contract as registered DATE	registered off dagent. I am
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oath, that I am an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 19/96 813 506 0574