

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J37408
 1. Corporation Name
PATRICIA MARLOW ENTERPRISES, INC.

**(8) 1ST NOTICE NEVER ARRIVED
2ND NOTICE ARRIVED JUNE 11, 1996**



Principal Place of Business: **1221 BRISTOL AVENUE DAVIE FL 33325-1225 US**
 Mailing Address: **12420 SW 2ND STREET PLANTATION FL 33325**

THIS IS NO LONGER VALID ADDRESS!

CORRECT ADDR ←

21 1221 BRISTOL AV	26	22	27	23 DAVIE FL	28	24 33325	25 USA	29	30
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3. Date Incorporated or Qualified 10/08/1986	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2744157	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARLOW, PATRICIA 1221 BRISTOL AVENUE DAVIE FL 33325 ← CORRECT				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent's signature required when terminating a registered agent.)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP MARLOW, PATRICIA	<input type="checkbox"/>
NAME	12420 SW 2ND STREET	<input type="checkbox"/>
STREET ADDRESS	PLANTATION FL	<input type="checkbox"/>
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	DP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	PATRICIA MARLOW	<input type="checkbox"/>	<input type="checkbox"/>
13 STREET ADDRESS	1221 BRISTOL AV	<input type="checkbox"/>	<input type="checkbox"/>
14 CITY-ST-ZIP	DAVIE, FL 33325-1225	<input type="checkbox"/>	<input type="checkbox"/>
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME		<input type="checkbox"/>	<input type="checkbox"/>
23 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
24 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME		<input type="checkbox"/>	<input type="checkbox"/>
33 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
34 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME		<input type="checkbox"/>	<input type="checkbox"/>
43 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
44 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME		<input type="checkbox"/>	<input type="checkbox"/>
53 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
54 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME		<input type="checkbox"/>	<input type="checkbox"/>
63 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
64 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Marlow PATRICIA MARLOW 6-11-96 954-791-3800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)