

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

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morthan Secretary of State DIVISION OF CORPORATIONS |
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FILED

97 SEP -3 AM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 537408

1. Corporation Name
PATRICIA MARLOW ENTERPRISES, INC.

| | |
|--|--------------------------------|
| Principal Place of Business 1221 BRISTOL AVENUE DAVIE, FL 33325-1225 | Mailing Address SAME |
|--|--------------------------------|

| | | | |
|---|-------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 1986 | 3a. Date of Last Report 1996 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 59-2744157 | Applied For Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. Zip | 28. Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Zip | 25. Country | 29. Zip | 30. Country |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |

PATRICIA MARLOW
1221 BRISTOL AVENUE
DAVIE, FL 33325-1225

| | |
|--|-----------|
| B1 Name | |
| B2 Street Address (P.O. Box Number is Not Acceptable) | |
| B3 | |
| B4 City | FL |
| B5 Zip Code | |

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PRESIDENT <input type="checkbox"/> DELETE | 11 TITLE | 300002284949 <input type="checkbox"/> Add <input type="checkbox"/> Change |
| NAME | PATRICIA MARLOW | 12 NAME | -09/04/97--01085--009 |
| STREET ADDRESS | 1221 BRISTOL AVENUE | 13 STREET ADDRESS | ****165.00 ****165.00 |
| CITY-ST-ZIP | DAVIE FL 33325-1225 | 14 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add on |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add on |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add on |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add on |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add on |
| 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 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: Patricia Marlow **PATRICIA MARLOW, Pres.** 8.26.97 954-476-1248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Minute Phone #

CR2E034 (9/96)