

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K23927 (2)**

1. Corporation Name
PATRIAM ENTERPRISES, INC.



Principal Place of Business: % PATRICIA J. PETERS, 178 SULKY WAY, W. PALM BCH FL 33414
Mailing Address: % PATRICIA J. PETERS, 178 SULKY WAY, W. PALM BCH FL 33414

3. Date Incorporated or Qualified: **05/17/1988**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21 **178 SULKY WAY**, 22 Suite, Apt. #, etc. 23 **WELLINGTON, FL 33414**
2a. Mailing Address: 26 **178 SULKY WAY**, 27 Suite, Apt. #, etc. 28 **WELLINGTON, FL**
24 **33414**, 25 **USA**, 29 **33414**, 30 **USA**
4. FEI Number: **65-0068858**
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: **PETERS, PATRICIA J. 178 SULKY WAY W. PALM BCH FL 33414**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City **WELLINGTON** FL 85 Zip Code **33414**

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 signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input type="checkbox"/> DELETE	1.1 TITLE: DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PETERS, PATRICIA J.		1.2 NAME: PETERS, PATRICIA J	
STREET ADDRESS: 178 SULKY WAY		1.3 STREET ADDRESS: 178 SULKY WAY	
CITY-ST-ZIP: W. PALM BCH FL		1.4 CITY-ST-ZIP: WELLINGTON FL 33414	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE: D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: PETERS, CHARLOTTE		2.2 NAME: PETERS, CHARLOTTE	
STREET ADDRESS: 1750 HARBORSIDE CIRCLE		2.3 STREET ADDRESS: 1750 HARBORSIDE CIRCLE	
CITY-ST-ZIP: WELLINGTON FL		2.4 CITY-ST-ZIP: WELLINGTON FL 33414	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		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 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 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 Peters* **PATRICIA PETERS** 4/24/96 793-6484 (407)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)