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.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (5)K43269 PAT HANCE REFERRAL COMPANY, INC. Mailing Address Principal Place of Business 7161 W BROWARD BLVD 7161 W. BROWARD BLVD PLANATATION FL 33317 1323 S.E. THIRD AVE. 3a. Date of Last Report **PLANTATION FL 33317** 3. Date Incorporated or Qualified 01/19/1995 11/03/1988 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0089748 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032. Country Zio Ζıρ Yes 🔲 No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BALOCCO, JOSEPH M. Street Address (P.O. Box Number is Not Acceptable) 82 1323 S.E. THIRD AVE. FT. LAUDERDALE FL 33316 **B**3 Zip Code **B**5 84 City 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. Thereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent's greature required when reinstating? Signature, typed or printe tinary of registered agent and to oil application ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 1 1 TITLE THILE CR2E034 12 NAME HANCE, PATRICIA NAME 1.3 STREET ADDRESS 424 N.W. 70TH AVE. STREET ADDRESS 14 CITY - ST - ZIP PLANTATION FL CITY-ST-ZIP Change Addition DELETE 2.1 1/14 E TITLE 2.2 NAME KUEHNLE, RUDY NAME 2.3 STREET ADDRESS **7001 SW 9 STREET** STREET ADDRESS 2 4 CITY - ST - ZIP PLANTATION FL CiTY-ST-ZiP DELETE 3.1 TULE 2541 NW 13 ST. THILE 3.2 NAME NAME 3.3 STREET ADDRESS PLANTATION, FL 33313 STREET ADDRESS 34 CITY-ST-ZIP CiTY-ST-ZIP Addition DELETE 4 1 1/ftE TITLE 4 2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST- ZIP CITY - ST - ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 1 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

OFFICER OR DIRECTOR

ANCE

SIGNATURE:

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