

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida

APPROVED
AND
FILED

95 MAY -1 AM 10:04

DOCUMENT # L32015 (4)

1. Corporation Name:

PATTI ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

6851 S HOLLY CR
SUITE 200
ENGLEWOOD CO 80112
US

Mailing Address:

6851 S HOLLY CR
SUITE 200
ENGLEWOOD CO 80112
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1989

3a. Date of Last Report

04/20/1994

4. FEI Number

65-0172034

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

BUCHWALD, HERBERT
1351 N.E. MIAMI GARDENS DRIVE
STORE UNIT #5
NORTH MIAMI BEACH FL 33179

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0605 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 607.0605, Florida Statutes.

SIGNATURE

(Print Name of Person Signing and Title of Person Signing)

(Print Registered Agent Name and Address (if different))

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12a	PD NAME BAUM, PATTY STREET ADDRESS 6851 S HOLLY CR STE 200 CITY & STATE ENGLEWOOD CO	13a	1. TITLE ☐ Change ☐ Addition
12b	STD NAME KREUSCHER, MAUREEN STREET ADDRESS 6851 S HOLLY CR STE 200 CITY & STATE ENGLEWOOD CO	13b	2. TITLE ☐ Change ☐ Addition
12c	PD NAME BAUM, PATTY STREET ADDRESS 6851 S HOLLY CR STE 200 CITY & STATE ENGLEWOOD CO	13c	3. TITLE ☐ Change ☐ Addition
12d	STD NAME KREUSCHER, MAUREEN STREET ADDRESS 6851 S HOLLY CR STE 200 CITY & STATE ENGLEWOOD CO	13d	4. TITLE ☐ Change ☐ Addition
12e	NAME STREET ADDRESS CITY & STATE	13e	5. TITLE ☐ Change ☐ Addition
12f	NAME STREET ADDRESS CITY & STATE	13f	6. TITLE ☐ Change ☐ Addition
12g	NAME STREET ADDRESS CITY & STATE	13g	7. TITLE ☐ Change ☐ Addition
12h	NAME STREET ADDRESS CITY & STATE	13h	8. TITLE ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and I am not capable for the reasons stated in law from 1991.0305, Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and correct, and that I, 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12, or Block 13 if a change of officer or director is being added.

SIGNATURE:

Maureen Kreuscher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95

303-770-9020