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**PROFIT** CORPORATION ANNUAL REPORT

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # L77556** 

(3)

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**FILED** May 01 1997 8:00am Secretary of State

PATCO Principal Place 21645 TOWN I BOCA RATON US	PLACE DRIVE	Mailing Address 21645 TOWN PLACE DRIV BOCA RATON FL 33433-3 US				,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	te of Last	
					s. Date Incorporated or Qualified 06/04/1990		01/1996	report
2. Principal P	lace of Business	2a, Mailing Address		<u></u>	4. FEI Number	1 00/		pplied For
21		26			65-0201619			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		· · · · ·	Additional equired
City & State	9	City & State			6. Election Campaign Financing	1-3		May Be
<b>23</b> Zipi	Country	28 Zrp	Cou	ıntry	Trust Fund Contribution  8. This corporation has liability fo	r intercible		to Fees
24	25	29	30			Yes [		g. 195.00c,
	9. Name and Address of Curren	t Registered Agent	<u> </u>		10. Name and Address of New R	egistered /	Agent	
	HEN, IRA			81 Name				
	45 TOWN PLACE DRIVE		i	82 Street Add	dress (P.O. Box Number is Not Accepte	able)		
BOO	CA RATON FL 33433			83				
			:				<del></del>	
				84 City		FL	1	Code
44 Pursuant	to the provisions of Sections 607 050:	2 and 607.1508, Florida Statu	tes, the a	bove-named cor	rporation submits this statement for the	purpose of	changing	ts registered
TI DISCENT	wintered annul or both in the Ctate	of Florida Puch shanca was	authoriza	al burgha account				
office or r agent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the oblige	of Florida. Such change was ations of, Section 607.0505, Fl	authorize Iorida Stal	d by the corpore tutes.	ation's board of directors. I hereby acc	ebitie stb	On the total Co.	s registered
office or r agent. I a SIGNATURE								- Tegistered
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NO	TE: Registere		juired when reinstating)	DATE	···	
		int and title if applicable. (NO		d Agent signature requ		DATE	···	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AND	ont and tills if applicable. (NO	TE: Registere	d Agent signature requ	juired when reinstating)	DATE	DIRECTO	RS IN 12
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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 or I am an officer or director of the corporation of 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.

0317709