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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9200000926 (5)

PAT & PAT ENTERPRISES, INC.

Principal Plac	ce of Business	Mailing Address					80 11881 118 18118 11	RIA KALUK OMINI MANIK I	DUM BEMU		O ON TOTAL	
2490 MADRID WAY SO. ST PETERSBURG FL 33712		2490 MADRID WAY SO. ST PETERSBURG FL 33712-3900										
						10	te Incorporated /30/1992	d or Qualified	1	ite of Last F)5/1996	Report	
	Place of Business	├ ─¬	2a. Mailing Address				4. FEI Number Applied For					
21 Suite, Apt	# oto	26	Suite, Apt. #, etc.				59-3192081 Not Applicab					
22	. π, B(C.	h	h				rtificate of Stat	us Desired		•	Additional	
City & Sta	le .	City & State	City & State				Fee Required					
23		28	⊢ ′			I	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country	7ip	J,,,,				B. This corporation has liability for intangible tax under s. 199.032,					
24	25 29 30						Florida Statutes					
9. Name and Address of Current Registered Agent						10. Na	10. Name and Address of New Registered Agent					
TER	RELL, PATRICIA			81	Name							
2490 MADRID WAY SOUTH				82	Street	Address (P.O.	dress (P.O. Box Number is Not Acceptable)					
ST. PETERSBURG FL 33712				STATE TO THE PORT TO THE TOTAL PROPERTY.								
ļ				83								
			٠.	84	City					85 Zip	Code	
					,				FL	1		
11. Pursuant office or agent. I s	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the oblig	02 and 607.1508, Flori e of Florida. Such chai gations of, Section 607	da Slatutes, the a ngo was authorize .0505, Florida Sta	bove d by tutes	e-named the corp	corporation suporation's boar	ibmits this state d of directors.	ement for the pu I hereby accept	rpose of the appo	changing it pinlment as	ts registered registered	
SIGNATURE												
Signature, typod or printed name of registered agent and title if applicable (NOTE: 12. OFFICERS AND DIRECTORS					nt signature	required when roins	***		DATE			
TITLE	PD OFFICERS AN	ND DIRECTORS	13.			r · · · · · · · · · · ·		GES TO OFFICE				
NAME	TERRELL, PATRICK C	ں ت				124	1, 1-1	revello	<u> </u>	∐ Change	Addition	
STREET ADDRESS	2490 MADRID WAY SOUTH		1.2 N			-ranes		jerna s	ŧ"			
CITY-ST-ZIP	ST. PETERSBURG FL				ADDRESS							
TITLE	STD	Пр		ITY-S	T - Z IP					Change	Addition	
NAME	TERRELL, PATRICIA D		22 N			Δ.	1			L OHANGE	L.J Addition	
STREET ADDRESS	2490 MADRID WAY S				ADDRESS	Yothin	in de	well				
CITY-ST-ZIP	ST PETERSBURG FL 33712			INCCI CITY-S		Turaca						
TITLE	01 1 01011000110 1 0 001 10	Пр			a · ZII'					Change	Addition	
NAME			3.2 N									
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP				HIY-S								

64 CITY-S1-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 eath; that I am an officer or director of the exporation 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 hanged, or on an attarhment with an address.

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

4.4 CHY-ST-ZIP

CICMATURE.

TITLE

NAME

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R2F034 (9/96)

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FILED

Apr 18 1997 8:00am

Secretary of State