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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARAMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P92000004075 (7)

1. Corporation N PATRICE Principal Place of	sme K POTTER	Mailing Address	,			
701 2ND STREET SE TOI 2ND STREET SE LARGO FL 34641 LARGO FL 34641						
				Date Incorporated or Qualified 11/09/1992	3a Date of Last Re 08/10/198	
2. Principal Place	e of Business	2a. Mailing Address		4. FEI Number	├	applied For
26				000.0.00		ot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
City & State		City & State		6. Election Campaign Financing	Exection Campaign Financing Trust Fund Contribution Trust Fund Contribution \$5.00 May Be Added to Fees	
3	I O at	28	Country	This corporation has liability for		
Zip 4	Country 25	Zip [29]	[30]	Florida Statutes Yes	⊠ No	
<u>* </u>	9 Name and Address of Curre		[30]	10. Name and Address of New R		
	Patrick Bay Dirve #203 Fl. 34841		83 36	ess IP.O. Box Number is Not Acceptate 90 East Ray Dr	Sie) Suite	
			84 City	arad		i Code
SIGNATURE SI	Ignative Typist or protest risk # 15 rejection Care	ND DIFFECTORS	13.	stwice, recistable ADDITIONS/CHANGES TO OFF	DATE ICE ES AND DIRECTO Change	HS N 12
TITLE	POTTER, PATRICK	bitti	1 2 NAME		_ ,	
NAME STREET ADDRESS	701 2ND STREET, S.E.		1.3 STREET ADDRESS			
CITY - ST - ZIP	LARGO FL		1.4 CiTy - S1 - ZiP			
TITLE	V	☐ DELETE	2 1 Tifle		☐ Change	Addition
NAME	POTTER, PATTY		2.2 NAME			
STREET ADDRESS	701 2ND STREET, S.E.		2.3 STREET ADDRESS.			
CITY - S1 - 7:P	LARGO FL		2 4 City - ST - ZiP		Change	☐ Addition
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NAME			3.2 NAME 3.3 STHELT ADDRESS			
STREET ADDRESS			33 STREET ADDRESS 34 CITY S1-ZIP			
TITLE		□ DELETE	4 1 Hith		☐ Change	Addition
NAME		_	4.2 NAME			
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CITY-SI-ZIP			4.4 C(TY S1 - 7)P		-	
TITLE		☐ DELFIE	5 1 Tifut		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADOPESS			
CITY - ST - ZIP			5.4 City - S1 - ZiP		Chases	Addition
TITLE		☐ DETELE	6 1 TOTEE		☐ Change	Addition
NAME			6.2 NAMir			
STREET ADDRESS			6.3 STREET ADDRESS			

64 City-St-ZiP

14. I do hereby certify that the information supplied with this firing 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 conportation or the receiver or trusted 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:

SIGNATIAE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR

Daytone Phone #