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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000004213 (3) **DOCUMENT #**

PATRIOTIC SOLUTIONS, INC.

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	Principal Place of Business

Mailing Address



8001 E SHANNON COURT INVERNESS FL 34450		8001 E SHANNON COURT INVERNESS FL 34450				
					3. Date incorporated or Qualified 01/20/1993	3a. Date of Last Report 05/01/1995
2. Principal Plac	e of Business	2a. Mailing Address	·		4. FEI Number	Applied For
์ โ		26			59-3163106	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	/	8. This corporation has liability for	
1	25	29	30			s 🔲 No
	9. Name and Address of Currer	nt Registered Agent		T	10. Name and Address of New I	Registered Agent
			81	Name		
RUBIN, N	AICHAEL SHANNON COURT		62	Street Addr	ress (P.O. Box Number is Not Acceptat	ble)
	SS FL 34450		83			
			84	City		FL 85 Zip Code
SIGNATURE	n, and accept the obligations of, Sections are specifically a respect or pented name of registros are	terofitte daggerate	tiOli ProjetsietAp	s Esquatore to Jure		DATE FICERS AND DIRECTORS IN 12
12.		ID DIRECTORS	1 1 THE		ADDITIONS/GHANCES TO OF	Change Addition
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NAME						
70007 4000000			13.5 (REE	L ADDRESS		
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CITY - ST - ZIP		☐ DELFTE	1.3 STREE 1.4 C:TY 2.1 T!*LE	\$1 - 2 (P		Change Addition
CITY - ST - ZIP	1817 KIMBERLY TERRACE INVERNESS FL	☐ DELFTE	1.4 C+TY	\$1 - 2 1P		Change Addition
CITY - ST - ZIP CITLE NAME	1817 KIMBERLY TERRACE INVERNESS FL ST	☐ DELETE	14 C/TY 2 1 T/FLE 22 NAME	\$1 - 2 1P		Change Addition
CITY - ST - ZIP THE NAME STREET ADDRESS	1817 KIMBERLY TERRACE INVERNESS FL ST RUBIN, KARLA J.		1 4 G/TY 2 1 T/T/LE 2 2 NAME 2 3 S/HEI 2 4 C/TY	S1-ZIP 11 ADDRESS S1-ZIP		
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unianty furnished and does not quality for the exemption stated in Section 1719.0763(k). Foliate Statistics in criental annual report is true and accurate and that my signature shall have same legal effect as if made undor er or trustee englowered to execute this report as required by Chapter 607, Florida Statutes; and that my name certify that the information indicated in this annual report of supply oath, that I am an officer or director of the corporation or the receip appears in Block 12 or Block 13 if changed, or on an attrichment.

SIGNATURE: