

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

FILED
Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000004213			
1. Corporation Name PATAIOTIC SOLUTIONS, INC.			
Principal Place of Business 8001 E. SHANNON CT. INVERNESS, FL 34450-2711		Mailing Address	
2. Principal Place of Business 21 8001 E. SHANNON CT.		2a. Mailing Address 26 SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State 23 INVERNESS, FL		City & State 28	
Zip 24 34450-2711		Country 30	
Country 25 CITRUS		Country 30	
9. Name and Address of Current Registered Agent MICHAEL D. RUBIN 8001 E. SHANNON CT. INVERNESS, FL 34450-2711		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KARLA J. RUBIN		1.2 NAME	
STREET ADDRESS 8001 E. SHANNON CT.		1.3 STREET ADDRESS	
CITY-ST-ZIP INVERNESS, FL 34450-2711		1.4 CITY-ST-ZIP	
TITLE CEO	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEVEN ZIEBARTH		2.2 NAME	
STREET ADDRESS 1817 KIMBERLY		2.3 STREET ADDRESS	
CITY-ST-ZIP INVERNESS, FL 34453		2.4 CITY-ST-ZIP	
TITLE VICE PRESIDENT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MICHAEL D. RUBIN		3.2 NAME	
STREET ADDRESS 8001 E. SHANNON CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP INVERNESS, FL 34450-2711		3.4 CITY-ST-ZIP	
TITLE SEC/TRES.	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KARLA J. RUBIN		4.2 NAME	
STREET ADDRESS 8001 E. SHANNON CT.		4.3 STREET ADDRESS	
CITY-ST-ZIP INVERNESS, FL 34450-2711		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 oath; that I am an officer or director of the corporation 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 changed, or on an attachment with an address.			
SIGNATURE: Karla J. Rubin KARLA J. RUBIN 6/2/97 352-637-4108			

CR2E034 (9/96)