FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

10:35

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000023579 (4)

1. Current Name
PATH ENTERPRISES, INC.

Principal Place of Business
432 MUIRFIELD DRIVE
ATLANTIS FL 33462

Mailing Address
432 MUIRFIELD DRIVE
ATLANTIS FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified): 03/29/1993
3a. Date of Last Report: 03/03/1994

2. Former Name(s) or Business
21

2a. Former Name
26

4. FEI Number: 65-0406136
Applied For
Not Applicable

Name Affected
22

Name Affected
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City, State
23

City, State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOFFMAN, PAUL T 432 MUIRFIELD DRIVE ATLANTIS FL 33462	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 607.0505, 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, but no change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D HOFFMAN, PAUL T 432 MUIRFIELD DRIVE ATLANTIS FL 33462	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate and that it does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I certify that the information indicated on the annual report or supplemental change 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 above, or on an attached exhibit, as such officer or director.

SIGNATURE: Paul T. Hoffman 4/30/95 407 641-0574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0271339 CP