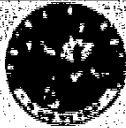


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Skarphorn
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **P94000002478 (3)**

1. Corporation Name

PATT-BEARS, INC.

95 MAY -1 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Previous Registered Address

2975 MYRTLE OAK CIRCLE
DAVIE FL 33328

Mailing Address

2975 MYRTLE OAK CIRCLE
DAVIE FL 33328

(Do not write in this space)

3. Date incorporated or qualified 01/11/1994
3a. Date of last report

4. FET Number 65-0464426
Applied For Not Applicable

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

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

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

2. Principal Office of Business 2b. Mailing Address

21. State Act # of 26. State Act # of

22. City, State 27. City, State

23. Country 28. Country

24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADELMAN, HOWARD
2975 MYRTLE OAK CIRCLE
DAVIE FL 33328

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 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101. NAME PD
102. NAME ADELMAN, PATRICIA P
103. STREET ADDRESS 2975 MYRTLE OAK CIRCLE
104. CITY, STATE, ZIP DAVIE FL 33328
105. NAME STD
106. NAME ADELMAN, HOWARD
107. STREET ADDRESS 2975 MYRTLE OAK CIRCLE
108. CITY, STATE, ZIP DAVIE FL 33328
109. NAME
110. NAME
111. STREET ADDRESS
112. CITY, STATE, ZIP
113. NAME
114. NAME
115. STREET ADDRESS
116. CITY, STATE, ZIP
117. NAME
118. NAME
119. STREET ADDRESS
120. CITY, STATE, ZIP

101. NAME ☐ Change ☐ Addition
102. NAME
103. STREET ADDRESS
104. CITY, STATE, ZIP
105. NAME ☐ Change ☐ Addition
106. NAME
107. STREET ADDRESS
108. CITY, STATE, ZIP
109. NAME ☐ Change ☐ Addition
110. NAME
111. STREET ADDRESS
112. CITY, STATE, ZIP
113. NAME ☐ Change ☐ Addition
114. NAME
115. STREET ADDRESS
116. CITY, STATE, ZIP
117. NAME ☐ Change ☐ Addition
118. NAME
119. STREET ADDRESS
120. CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.02(1)(b), Florida Statutes. I further certify that the information included 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 this corporation or this report or business 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 is an after formed with an address.

SIGNATURE:

Patricia P. Adelman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PATRICIA P. ADELMAN, PRESIDENT

4/15/95

305-472-2975