

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

APPROVED  
AND  
FILED

95 MAR - 1 PM 4: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT  
1995



STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
CORPORATION DIVISION

DOCUMENT # P94000030706 (3)

PASTICHE, INC.

Principal Place of Business: 5104 BEACHWALK VILLAS DESTIN FL 32541  
Mailing Address: 5104 BEACHWALK VILLAS DESTIN FL 32541

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/22/1994		3a. Date of Last Report	
4. FEI Number 59-3239388		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HOFFMAN-USSELY, JOAN E 5104 BEACHWALK VILLAS DESTIN FL 32541				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85 FL				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: *Joan E. Hoffman-Ussery* (DATE: 2/23/95)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	11. NAME	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. STREET ADDRESS	12. NAME	12. STREET ADDRESS	
13. CITY, ST, ZIP	13. CITY, ST, ZIP	13. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. TITLE	14. NAME	14. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. STREET ADDRESS	15. NAME	15. STREET ADDRESS	
16. CITY, ST, ZIP	16. CITY, ST, ZIP	16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	17. NAME	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS	18. NAME	18. STREET ADDRESS	
19. CITY, ST, ZIP	19. CITY, ST, ZIP	19. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. TITLE	20. NAME	20. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. STREET ADDRESS	21. NAME	21. STREET ADDRESS	
22. CITY, ST, ZIP	22. CITY, ST, ZIP	22. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(4), Florida Statutes. I further certify that the information included on the 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, on Block 1, or on Block A if changed, or on an attachment with an address.

SIGNATURE: *Joan E. Hoffman-Ussery* (DATE: 2/23/95) (REGISTERED SECRETARY: 904-267-5104)