

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000036533 (5)

1. Corporation Name

PATTI'S PALS, INC.



Principal Place of Business

Mailing Address

73 NORTH ORLANDO AVE
COCOA BEACH FL 32931
US

73 NORTH ORLANDO AVE
COCOA BEACH FL 32931
US

3. Date Incorporated or Qualified
05/16/1994

3a. Date of Last Report
08/15/1995

2. Principal Place of Business

2a. Mailing Address

21 1325 N. Atlantic Ave.

26 1325 N. Atlantic Ave.

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Suite 160

27 Suite 160

City & State

City & State

23 Cocoa Beach, FL

28 Cocoa Beach, FL

24 32931

25 U.S.A.

29 32931

30 U.S.A.

4. FEI Number

59-3248001

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

9. Name and Address of Current Registered Agent

RISSMAN, ANDREW R
73 NORTH ORLANDO AVE
COCOA BEACH FL 32301

10. Name and Address of New Registered Agent

81 Name
RISSMAN, ANDREW R.
82 Street Address (P.O. Box Number is Not Acceptable)
1325 N. Atlantic Avenue
83 Suite 160
84 City
Cocoa Beach FL 85 Zip Code
32931

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 then if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	RISSMAN, PATTI	73 NORTH ORLANDO AVE.	COCOA BEACH FL 32931	<input type="checkbox"/>
DV	RISSMAN, ANDREW R	73 NORTH ORLANDO AVE.	COCOA BEACH FL 32931	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
		1325 N. Atlantic Ave., Suite 160	Cocoa Beach, FL 32931	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	Change	Addition
		1325 N. Atlantic Ave., Suite 160	Cocoa Beach, FL 32931	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patti Rissman PATTI RISSMAN 7/5/96 (407) 783-6622