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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Candace B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000049843 (3)
1. Corporation Name
P&F INTERNATIONAL, INC.

Principal Place of Business: **5-404 801 COLLIER CT MARCO ISLAND FL 33937**
Mailing Address: **5-404 801 COLLIER CT MARCO ISLAND FL 33937**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1994		3a. Date of Last Report	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0512177		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. City & State		29. City & State		30. City & State		5. 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			
GUDRUN M. NICKEL PA 350 5TH AVE SOUTH SUITE 200 NAPLES FL 33940				81. Name Denise A. Patas			
				82. Street Address (P.O. Box Number is Not Acceptable) 267 N. COLLIER BLVD., #201			
				83. City			
				84. City MARCO ISLAND FL 85 Zip Code 33937			

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 *Denise A. Patas* DATE **3-8-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, PETER	1.2 NAME	
STREET ADDRESS	PETRAVIA HOUSE 74 PUTNOE LANE	1.3 STREET ADDRESS	
CITY, ST, ZIP	BEDFORD MK 4191FUK ENGLAND	1.4 CITY, ST, ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, FLAVIA	2.2 NAME	
STREET ADDRESS	PETRAVIA HOUSE 74 PUTNOE LANE	2.3 STREET ADDRESS	
CITY, ST, ZIP	BEDFORD MK 4191FUK ENGLAND	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR