## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION Annual Report

1997



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000006594 (2)

PATRICIA ROSE STUDIOS, INC.

Principal Place of Business Mailing Address 10018 46TH AVE. WEST 10018 46TH AVE. WEST **BRADENTON FL 34210 BRADENTON FL 34210-1714** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/23/1995 05/01/1996 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 26 65-0562225 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 28 Trust Fund Contribution Added to Fees 23 Zio Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes X No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROSE, PATRICIA 10018 46TH AVE. WEST 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34210** 83 City 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 objections of, Section 607.0505, Florida Statutes. SIGNATURE hen reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) RESIDENT Change Addition DELETE THEF 1.1 TITLE RUSE, PATRICIA NAME 1.2 NAME WITH AVE. WEGT 10018 46TH AVE. WEST 1.3 STREET ADDRESS STREET AUDRESS **BRADENTON FL 34210** OTY-ST-ZIE 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS City+St-7IP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP City Sty ZIP Change DELETE \_\_\_ Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City - ST- 2iP CITY - ST - ZIP DELETE \_\_\_ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP

64 CITY-ST-ZIP

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 607, Florida Statutes; and that my name

6.1 TITLE

6.2 NAME 63 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

SIGNATURE:

CITY - ST - ZIF

STREET ADDRESS

CITY - ST - ZIF

TITLE

NAME

appears in Block 12 or Block 13 if changed, or on an attachment with an address

DELETE

4-28-97 941-792-5011 Date Dayline Phone #

Change

Addition

**FILED** 

May 06 1997 8:00am

Secretary of State