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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000019358 (7) **DOCUMENT #**

WAL	Pat	'S	CORP	'OR/	ATI	ON
-----	-----	----	------	------	-----	----

Principal Place of Business

Mailing Address

AGOS HALL O ONED DONE



8298 N.W. S. RIVER DRIVE MEDLEY FL 33016		MEDLEY FL 33016									
							1	Date Incorporated or Qualified 03/09/1995	3a. Date	of Las	t Report
2. Principal Plac	ce of Business	2	a. Mailing Address				4.	. FLI Number	206		Applied For
n		26				_	65-0583	77.5	l_	Not Applicable	
Suite, Apt. #, etc 2		2	Suite. Apt. #, etc.				5.	, Certificate of Status Desired		\$8.75 Additional Fee Required	
Crty & State		21	City & State				6.	i. Election Campaign Financing Trust Fund Contribution			.00 May Be ided to Fees
Zip	Cou 25	ntry 2	- Z ₍ ρ 9]	Coun 30	itry		8.	I. This corporation has liability for Florida Statutes	intangibie tax No	unde	rs 199.032,
<u></u>	9. Name and Ad	dress of Current Reg	gistered Agent				10). Name and Address of New F	tegistered A	gent	
				Ţi	81	Name					
	z, walter r 66th street			1	82	Street Addre	ess (F	P.O. Box Number is Not Acceptat	ole)		
#22	OOM OTHER			1	83	·				-	
HIALEAH	I FL 33016			1	84	City			FI	85	Zip Code
12.		OFFICERS AND DIF	RECTORS	13.		- Spins Complete		ADDITIONS/CHANGES TO OFF	ICERS AND		
	Signature, typed or protects	and they resolve ANIO FAIL		NOTE Registered /	Acjor !	t signature réspires	a wher		DATE ICERS AND	DiBEC	CTORS IN 12
TefuE	PO	0.1702.30.713.71	DELETE	1.116	LE					Char	
NAME	TANCHEZ, WA	LTER R		1.2 NAI	ME						
STREET ADDRESS	2675 W. 66TH	STREET, #22		1351	Œ'	ACORESS.					
CITY-ST ZIP	HIALEAH FL 3	3016		1400	v - \$	1-7IP					
TITLE	SD		DELF1E	2 1111	. F] Char	ige 🔲 Addition
NAME	TANCHEZ, AN			2.2 NAI	ME						
STREET ADDRESS	2675 W. 66TH			2 3 5 7	((1)	ADDRESS					
CITY - ST - ZIP	HIALEAH FL 3	3016		2.4.011		1 709					
TITLE			DELETE	3 1 11					L] Char	nge 🔲 Addytion
NAME				3.2 NA							
STREET ADDRESS						LADDRESS					
CITY-ST-ZIP			DELETE	3 4 C·T		I - Z-P			г] Chai	nge 🗀 Addition
1:1LF			□ beten.	i i					_	J 0116.	igo 🗀 Abdicon
NAME				4 2 NA		ADDOCCO					
STREET ADDRESS						ADORESS:					
CITY+ST+ZiP TITLE			[] DELETE	44 Cii		N ZIP				1 Chai	nge 🗍 Addition
NAMÉ				5 2 NA					-		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				5 4 CIT		1					
TITLE			DELFTE	£ 1 II	•	.1 211] Cha	nge 🔲 Addition
NAME			_	6.2 NA					_		
STREET ADDRESS						I ADDHESS					
CITY - ST - ZIP						st -ZiP					
PILL STATE	L contif that the infa	con others or much attackly t	the floor of a distant				for the	e evernal on stated in Section 119	07/30/la Eliza	ی دارن	tatutes I further

Foo nereby certify that the information supplied with this liting is voluntarily turnished and does not qualify for the exempt on stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under outly that I am an officer or director of the corporation or the precise 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 an arractive and that my name.

SIGNATURE:

SIGNATURES NO TYPED OR PRINTED WANTE OF SIGNING OFFICER OR DIRECTOR

06.1896