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FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000043108 (6)

1. Corporation Name
PATREN INTERNATIONAL CORPORATION

Principal Place of Business
4251 WILLOW BAY DR.
WINTER GARDEN FL 34787
US

Mailing Address
P O BOX 1209
WINDERMERE FL 34786-1209
US



3. Date Incorporated or Qualified 05/26/1995
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3316290

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

MOORE, DONALD L JR.
933 LEE ROAD, SUITE 215
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name

TOD HOFFMAN

82 Street Address (P.O. Box Number is Not Acceptable)

4251 WILLOW BAY DR.

83

84 City

WINTER GARDEN

FL

85 Zip Code

34787

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

Tod Hoffman

TOD HOFFMAN

1/17/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDST
NAME HOFFMAN, TOD
STREET ADDRESS 4251 WILLOW BAY DR.
CITY-ST-ZIP WINTER GARDEN FL

☐ DELETE

TITLE DV
NAME MOORE, DONALD L JR
STREET ADDRESS 485 PINEY CROFT LANE
CITY-ST-ZIP MAITLAND FL

☒ DELETE

TITLE VD
NAME HOFFMAN, ROBERT T JR
STREET ADDRESS 715 FREANKLIN LNA
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE D
NAME MCEWEN, WILLIAM
STREET ADDRESS 928 5TH ST
CITY-ST-ZIP CLERMONT FL

☐ DELETE

TITLE D
NAME MCEWEN, TERRY
STREET ADDRESS 11435 LANE PARK RD
CITY-ST-ZIP TAVARES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

VM
CHARLES GILLEN
2415 CHINOOK TR
MAITLAND FL 32751

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

SIGNATURE: TOD HOFFMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1/17/97
Date
407-877-7332
Daytime Phone #

CR2E034 (9/96)