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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000093187 (9)

PATRICIA KNIGHT INC.

FILED

Jan 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					TOURS AND THE COLOR OFFICE COLOR OF THE COLO				
POST OFFICE OPA LOCKA F	BOX 540825 L 33054	POST OFFICE BOX 540825 OPA LOCKA FL 33054-0825							
						3. Date Incorporated or Qualified 12/06/1995	3a. Date of 07/12/1		eport
2. Principa' Place of Business 2a, Mailing Address						4. FEI Number	Applied For		
21 3020 N.W. 1665 26						65-0628369		No	t Applicable
Suite Apr.	# etc	Suite, Apt ≠, etc				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
	Locka. Fla. Country 25	City & Stat	6			Election Campaign Financing Trust Fund Contribution			May Be o Fees
Zip	Country	Zip		Country	/	8. This corporation has liability for in			
4 3305	25	29	30				Yes No		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<u>. </u>	9. Name and Address of Curren					10. Name and Address of New Reg	istered Agen	l	
KNI	GHT COONEY, PATRICIA			81	Name				
3020 N.W. 166TH STREET OPA LOCKA FL 33054				82	Street Add	dress (P.O. Box Number is Not Acceptable	nber is Not Acceptable)		
UFA	C LOCKY PL 33034			83	,				
				84	City		p	Zip (Code
					Ĺ	rporation submits this statement for the p	FL °°	<u> </u>	
SIGNATURE	Sy alus biped or production of the steed aga OFFICERS AND	**************************************		stured Ag	ert signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC			S IN 12
THEF	D		DELETE	1.1 TITLE				hange	Additio
NAME	BOSWELL, SAMUEL			1.2 NAME					
STREET ADDRESS	3020 N.W. 166TH STREET			1.3 STREE	ADDRESS				
CITY-ST-ZIP	OPA LOCKA FL 33054			1.4 CITY -	ST-ZIP				
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NAME.	KNIGHT COONEY, PATRICIA K] :	22 NAME					
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CITY -S1-7P				5.4 CITY -	ST-ZIP				
TITLE			DELETE	6.1 TITLE				change	Additio
NAME			1	6.2 NAME	•				
STREET ADDRESS				6.3 STRFE	T ADDRESS				
CITY - ST-ZII-				64 CITY -	SI-ZP				

I do hereby certify that the information supplied with this filling 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 tam 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.