


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

FILED  
Jan 27 1997 8:00am  
Secretary of State

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|---|--|--|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997   |  |         |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| DOCUMENT # P96000014567 (7)<br>1. Corporation Name<br>PAFFS ENTERPRISES, INC.   |  |  |  |   |  |
| Principal Place of Business<br>1031 N GAUCHO CIRCLE<br>DELTONA FL 32725   |  |  | Mailing Address<br>1031 N GAUCHO CIRCLE<br>DELTONA FL 32725-6965   |   |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |  | 3. Date Incorporated or Qualified<br>02/12/1996<br>3a. Date of Last Report<br>02/12/1996<br>4. FEI Number<br>59-3360032<br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired<br>\$8.75 Additional Fee Required<br>6. Election Campaign Financing<br>Trust Fund Contribution<br>\$5.00 May Be Added to Fees<br>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br>Yes No |  |
| 9. Name and Address of Current Registered Agent<br>FERRENTINO, PETER<br>1031 N GAUCHO CIRCLE<br>DELTONA FL 32725  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 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 obligations of, Section 607.0505, Florida Statutes. |  |  |  |   |  |
| SIGNATURE _____<br>(NOTE: Registered Agent signature required when reinstating)   |  |  |  |   |  |
| 12. OFFICERS AND DIRECTORS  |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |   |  |
| 1. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>2. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>3. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>4. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |   |  |

SIGNATURE: *Antoinette Ferrentino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0066206

CR2E034 (9/96)