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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000014567 (7)

PAFFS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED Apr 22 1998 8:00am Secretary of State



1031 N GAUCHO CIRCLE DELTONA FL 32725		1031 N GAUCHO CIRCLE DELTONA FL 32725					
					DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	
2. Principal Place of Business		2a. Mailing Address			02/12/1996 4. FEI Number 59-3360032		pplied For lot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Count 30	ry 	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	 Name and Address of Current RRENTINO, PETER 	Hegistered Agent	В	1 Name	10. Name and Address of New Registered	Agenl	
1031 N GAUCHO CIRCLE DELTONA FL 32725			8:	2 Street A	ddress (P.O. Box Number is Not Acceptable)		
					radioss (1.0. box Number is Not Acceptable)		
			8:	3			
			8	4 City	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the abo	ve-named o	corporation submits this statement for the purpose of	f changing i	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	Signature, typed or profiled name of registered agen	t and life if applicable (NOI	l' Begistered A	gent signature r	required when rainstating) DATE		
12.	OFFICERS AND		13.	gon agrassa	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
TITLE	PO	DELETE	1.1 TITLE			Change	Addition
NAME	FE RRENTINO, PETER		1.2 NAME				;
STREET ADDRESS	1031 N GAUCHO CIRCLE		1.3 STRE	ET ADDRESS			ļ
CITY-ST-ZIP	DELTONA FL 32725			ST-ZIP		T-1 -	
TITLE	STD SECONDITION ANTONIETTE	☐ DELETE .	2.1 TITLE			Change	☐ Addition
NAME STREET ADDRESS	FERRENTINO, ANTOINETTE 1031 N GAUCHO CIRCLE		2.2 NAME				İ
CITY-ST-ZIP	DELTONA FL			ET ADDRESS	V		1
TITLE	DELETE		2.4 CHY 3.1 THLE			Change	Addition
NAME			3 2 NAME				
STREET ADDRESS			3 3 STREE	T ADDRESS			
CITY-ST-ZIP	3.4.		3.4. CITY	- ST- ZIP			
TITLE	DFLETE 4.1		4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAM	E			
STREET ADDRESS			1	1 ADDRESS			
CITY-ST-ZIP		DELETÉ	4.4 CITY - 5.1 TITL€			☐ Change	Addition
TITLE NAME						☐ Cusude	Addition
STREET ADDRESS			5.2 NAME	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	1			
TITLE		DELETE	6.1 TITLE	01-CII		Change	Addition
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			

I 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 corporations of the receiver or trusted 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 or in attachment with an addition.

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