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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000036752 (9)

PAT-ROZ	Z, INC.				
Principal Place of Business Mailing Address					MANKE OTTO MENS OR BAT MOTION TO BE LOUI
2000 DREW STREET CLEARWATER FL 34625  2000 DREW STREET CLEARWATER FL 34625-31			15		
			·	3. Date Incorporated or Qualified 04/29/1996	3a. Date of Last Report
<u> </u>	Place of Business	2a, Mailing Address		4. FEI Number 59-3374995	Applied For
Suite, Apt	# etc	Suite, Apt. #, etc.		377175	60 7F A 1881
22			5. Certificate of Status Desired	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees
<b>Ζ</b> ιρ	Country	Zφ	Country	8. This corporation has liability for	intangible tax under s. 199.032,  Yes No
24	25] g. Name and Address of Curr	29 ent Registered Agent	30[	Florida Statutes  10. Name and Address of New Re	
BOL	JTZOUKAS, MICHAEL E		81 Name		<del></del>
	WEST BAY STREET		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
TAM	IPA FL 33606			,	· · · · · · · · · · · · · · · · · · ·
	•		83		
			84 City	· · · · · · · · · · · · · · · · · · ·	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	es, the above-named corp	poration submits this statement for the p	
office or t agent La	registered agent, or both, in the Sta am familiar with, and accept the <mark>o</mark> bl	ne of Florida. Such change was gations of, Section 607.0505, Fi	authorized by the corpora orida Statutes	poration submits this statement for the particular tion's board of directors. I hereby acception's	of the appointment as registered
SIGNATURE					
12.	Stgrature typed or profed name of registered a OFFICERS A	egent and tille if applicable. (NOT IND DIRECTORS	E Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TIFLE	D	DELETE	1.1 TITLE	ADDITIONAÇO/IANGEO (O O) TIC	Change Addition
NAME	PALLAS, JAMES		1.2 NAME		
STREET ADDRESS	2000 DREW STREET		1.3 STREET ADDRESS		į
CITY - ST - ZIP	CLEARWATER FL 34625		1.4 CITY-ST-ZIP		
Title	D	DELETE	2.1 TITLE		Change Addition
NAME	PALLAS, ROSALIE		22 NAME		
STREET ADDRESS	2000 DREW STREET CLEARWATER FL 34825		2 3 STREET ADDRESS		
CITY-ST-Z:P TITLE	D DEANWAIGH FE 34023	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	VLAMAKIS, MICHAEL	- restrict	3.2 NAME		المالانان بين فواللنان بين
STREET ADDRESS	2000 DREW STREET		3.3 STREET ADDRESS		
CITY - ST- ZIP	CLEARWATER FL 34625		3.4. CITY-S1-ZIP		
TITLE	D	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VLAMAKIS, PATRICIA		4. 2 NAME		
STREET ADDRESS	2000 DREW STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34625	DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE NAME		C) street	5.1 TITLE 5.2 NAME		C overibe C vocation
NAME STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIF			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP

SIGNATURE:

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 eath; 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. (813)446 7207

**FILED** 

Apr 28 1997 8:00am

Secretary of State