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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90077 002 ***150.00

1. Corporation	PATLOVICH CONSULTING of Business IDING DRIVE) 188 1888 18 8 1881 188
0,11,022 . 2 00	•••				DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
0.00-2-10		2a. Mailing Address			06/24/1996 4. FEI Number Applied For
2. Principal Pi	lace of Business	26. Mailing Address			65-0682568 Not Applica
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additiona
22		27			5. Certificate of Status Desired Fee Required
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible Personal Property Tax. No
24	9. Name and Address of Curren		101		10. Name and Address of New Registered Agent
	o. Haine and Address of Galier	t registates Agent	81	Name	
	nin, dennis P esq		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
	D, SCHOENECK & KING. P.A.		62	Sileer Ac	duless (F.O. Box Number is Not Acceptable)
	THIRD STREET SOUTH #107		83		
NAPI	LES FL 33940		84	City	■ 85 Zip Code
				}	orporation submits this statement for the purpose of changing its registere
SIGNATURE	- 	ID DIRECTORS	13.	nt signature requ	puired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add
TITLE	D DELETE		1.1 TITLE		i Change
NAME STREET ADDRESS	PATLOVICH, JOSEPH M.D. 283 FERRY LANDING DRIVE		1.2 NAME	TADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957		1.4 CITY-S	ļ	
TITLE	ON NIDEL 12 00007	☐ DELETÉ	2.1 TITLE	-	☐ Change ☐ Add
NAME			2.2 NAME	}	
STREET ADDRESS	l		2.3 STREE	TADORESS	
CITY-ST-ZIP			2, 4 CITY-5	ST-2IP	
TITLE		☐ DELETE	3.1 TITLE	}	☐ Change ☐ Add
NAME			3.2 NAME		
STREET ADDRESS	ı		1	TADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-9	11-212	☐ Change ☐ Ado
NAME			4.2 NAME	-	<u> </u>
STREET ADDRESS	! 		1	TADORESS	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Add
NAME			5.2 NAME	{	
STREET ADDRESS			5.3 STREE		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE	l I	☐ DELETE	6.1 TITLE	}	☐ Change ☐ Add
-			6.2 NAME	TADDOCCO	
···==(ADDRESS (6.3 STREET	1	
ST-ZIP	l	at this fiting does not qualify for t	6.4 CITY-S		in Section 119.07(3)(i). Florida Statutes, I further certify that the information

indicated on this annual report or supplied with this ming does not quality for the examption stated in Section 18.07(3)(f), Finited stateds. It duties called that the indicated on this annual report or suppliemental 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, with all other like empowered.

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