

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

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000072258 (2)**

1. Corporation Name

**PAVITAKE CORP**

Principal Place of Business

**1951 GLEN LAKES CIRCLE NORTH  
ST. PETERSBURG FL 33702**

Mailing Address

**1951 GLEN LAKES CIRCLE NORTH  
ST. PETERSBURG FL 33702-2145**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/29/1996</b>	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3403448</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent

**LAMARCA, TAMI  
1951 GLEN LAKES CIRCLE NORTH  
ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	<b>P Tami J LAMARCA</b>
STREET ADDRESS		13 STREET ADDRESS	<b>1951 Glen Lakes Circle North</b>
CITY - ST - ZIP		14 CITY - ST - ZIP	<b>St Pete, FL 33702</b>
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	<b>Paul C Scheele</b>
STREET ADDRESS		23 STREET ADDRESS	<b>1951 Glen Lakes Circle North</b>
CITY - ST - ZIP		24 CITY - ST - ZIP	<b>St Pete, FL 33702</b>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	<b>Ticky S May</b>
STREET ADDRESS		33 STREET ADDRESS	<b>350 - 79th AVE N. # 344</b>
CITY - ST - ZIP		34 CITY - ST - ZIP	<b>St Pete, FL 33702</b>
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	<b>S Kevin P O'TOOLE</b>
STREET ADDRESS		43 STREET ADDRESS	<b>108 Pinegrove Dr.</b>
CITY - ST - ZIP		44 CITY - ST - ZIP	<b>VENICE, FL 34285</b>
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 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.

SIGNATURE:

**Tami J LAMARCA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Tami J LAMARCA** 4/9/97 576-1336  
Date Daytime Phone #

(813)

0872884

CR2E034 (9/96)