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

DOCUMENT # P97000029345

PATCHIN CONSULTING SYSTEMS, INC.

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90032 041 ***150.00



									## ##
Principal Place	e of Business	Mailing Address			1				
2582 EMPIRE AVE. 2582 EMPIRE AVE.									
MELBOURNE FL	MELBOURNE FL 32934	JELBOURNE FL 32934			DO NOT WRITE IN THIS SPACE				
					3. 🗆	Date Incorporated or Qualif	ed	**	
						03/28/1997			[
2. Principal Pl	lace of Business	2a. Mailing Address			4. F	El Number	-	Apr	olied For
21 2460	Grassmere DR.	26 PO BOX 36	<u> 1741</u>		Ţ	<u>59-3445114</u>	***	No	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. 0	Certifcate of Status Desired		\$8.75 A	I
22		27						Fee Re	
City & State		City & State MELBOURJE	, F	1	L L	Election Campaign Financi	ng 🖸	\$5.00 Added to	
23 MELL	BOURNE, FL	28 MECHOURNE	Coun			rust Fund Contribution) rees
24 32904	Country USA	329210 5		เรื่อ		This corporation owes the o Personal Property Tax.	current year int		K No
24 3070	9. Name and Address of Current		30, 0			Name and Address of Ne	w Registered		
	3. Nume and Address of Contain	· iogiotaro - g- · · ·		31 Name					
PATCHIN, JAN A					Addross /B (D. Box Number is Not Acce	antable)		
2582 EMPIRE AVE.				32 Stree	Address (F.C). Box number is not Acce			
MELI	BOURNE FL 32934			B3					}
			ļ	B4 City			FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	s, the ab	ove-name	corporation :	submits this statement for	the nurnose of	changing its	registered
office or re	egistered agent, or both, in the State om familiar with, and accept the obligation	t Florida. Such change was au	tnorizea	DV the cor	ooration's boa	rd of directors. I hereby ac	cept the appoi	ntment as reg	jistered
	m tarmar with and accept the obligation	5,10 61, 60611611 661 .6666, 1 .66							}
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: f	Registered A	gent signature	required when rem		DATE		
12.	OFFICERS AND		13.		T Name of the last	ODITIONS/CHANGES TO	OFFICERS AN		RS IN 12 Addition
TITLE	D	☐ DELETE	1 1 TITL		10	- To		Change Change	[] Addition
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14. 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 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.

SIGNATURE