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

SIGNATURE:

Mar 10 1998 8:00am **PROFIT** FLORIDA DEPARTMENTIOF STATE **□** CORPORATION Sandra B. Mortiam Secretary of State ANNUAL REPORT Secretary of Sta DIVISION OF CORPORATIONS 1998 **DOCUMENT** # P97000106276 (3) PATECO INC. Principal Place of Business Mailing Address 10020 59TH AVE. NORTH 10020 59TH AVE. NORTH ST. PETERSBURG FL 33708 ST. PETERSBURG FL 33708 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/18/1997 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 10020-59 THAVE NO INOLES 59-1995234 4711 95 TH ST NO Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing 28 ST PETERSBURG FL Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PATE, MARIO V 10020 59TH AVE. NORTH ber is Not Acceptable) ST: PETERSBURG FL 33708 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE NAME 6.2 NAN FT ADDRESS STREET ADDRESS 63 ST6 CATY-ST-ZIP 6.4 CI ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemplicated on this annual roport or supplemental annual report is true and accurate and officer or director of the corporation or the receiver or trustee empowered to execute the Block 12 or Block 13 if changed, or on an attachment with an address. ption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hat my signature shall have the same legal effect as if made under oath; that I am an report as required by Chapter 607, Florida Statutes; and that my name appears in

**FILED** 

Mario V Pate 2.1-98 8133924611