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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # \$33777** 

(1)

PATROON AGENCY, INC.

FILED Apr 21 1997 8:00am Secretary of State

Principa Piace of Business Mailing Address  19101 MYSTIC POINTE DR APARTMENT 707 AVENTURA FL 33180  Mailing Address  19101 MYSTIC POINTE DR APARTMENT 707 AVENTURA FL 33180								
					3. Date Incorporated or Qualified 02/25/1991	3a. Da 07/	te of Last R 17/1996	eport
	lace of Business	2a. Mailing Address			4. FEI Number 14-1414616		h	oplied For ot Applicable
Suite, Apt	#, efc	26   Suite, Apt. #, etc.		<del></del>	5. Certificate of Status Desired		\$8.75	Additional equired
City & Stat	Te	City & State			6. Election Campaign Financing			Мау Ве
Zip	Country	<b>[28</b> ] Ζιρ	Country	<del></del>	Trust Fund Contribution	interplate		to Fees
4]	25	h	30		8. This corporation has liability for Florida Statutes	iritangible ] Yes [		. 199.032,
	g, Name and Address of Cu				10. Name and Address of New Re	gistered /	Agent	
	HN, GERALD		81	Name				
	101 MYSTIC POINTE DR		82	Street Add	ress (P.O. Box Number is Not Acceptal	ble)	~	
	ARTMENT #707					·		
AVI	ENTURA FL 33180		83	ĺ				
			84	City		FL	<b>85</b> Zip	Code
■ Duranisan	to the consequence of Continue CO7	0500 and 507 1500 Florida Ptatut	oo tha abau	n pomod cor	poration submits this statement for the		obonoino il	la ropietoro
agent La	am familiar with, and accept the of	bligations of, Section 607.0505, Fit	orida Statute	S،				
S/GNATURE	Segunt or type to conted have of registion			ent signature requi	ired when reinstating)	DATE	DIRECTOR	
SIGNATURE	OFFICERS	AND DIRECTORS	13.	ent signature requi	ired when relastating) ADDITIONS/CHANGES TO OFFICE		~~~	
SIGNATURE  12.	OFFICERS PTD		13. 1.1 TIFLE	ent signature requi			DIRECTOR	
SIGNATURE 12. TIGE MAME	OFFICERS	AND DIRECTORS  DELETE	13. 1.1 TIFLE 1.2 NAME				~~~	
SIGNATURE  12.  THEE  NAME  STREET ADDRESS	OFFICERS PTD COHN, GERALD	AND DIRECTORS  DELETE	13. 1.1 TIFLE 1.2 NAME 1.3 STREE	ADDRESS			~~~	
SIGNATURE  12.  THEE  MAME  STREET ADDRESS  CHY SEZIP	OFFICERS PTD COHN, GERALD 19101 MYSTIC PTE DR #7 AVENTURA FL VSD	AND DIRECTORS  DELETE	13. 1.1 TIFLE 1.2 NAME	ADDRESS			~~~	☐ Additio
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SEGNATURE  12.  164  VANE  STREET ADDRESS  CERT SET ZER  TITLE  RAME	OFFICERS PTD COHN, GERALD 19101 MYSTIC PTE DR #7 AVENTURA FL VSD COHN, SANDRA E. 19101 MYSTIC PTE DR #7	AND DIRECTORS  DELETE  OT  DELETE	13. 1.1 TIFLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE	ADDRESS ST-ZIP			Change	☐ Additio
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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 arm an officer or director of the corporation or the receiver or disappowered to execute this report as required by Chapter 607, Florida Statutes; at a that my name appoints in Block 12 or Block 13 if changed, concentration and address.

SIGNATURE:

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\$37-2147 Dayline Phone #