

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V30152** (5)

1. Corporation Name  
**PATIKIN AUDITING, INC.**



Principal Place of Business: **4839 SW 148TH AVE SUITE 225 DAVIE FL 33330**  
Mailing Address: **4839 SW 148TH AVE SUITE 225 DAVIE FL 33330**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **04/10/1992**  
3a. Date of Last Report: **04/14/1995**  
4. FEI Number: **65-0330363**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MORRIS STUART R ESQ  
MORRIS WEISS  
1489 W. PALMETTO PARK RD., STE 497  
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent  
81 Name: **MORRIS STUART R ESQ**  
82 Street Address (P.O. Box Number is Not Acceptable): **2000 GLADES ROAD**  
83 **SUITE 412**  
84 City: **BOCA RATON** FL 85 Zip Code: **33431**

11. Pursuant to the provisions of Sections 607.0132 and 607.1506, 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 607.0135 Florida Statutes.

SIGNATURE: **STUART R. MORRIS, P.A.** DATE: **1/22/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ZALKIN, CARI</b>	
STREET ADDRESS	<b>4839 SW 148TH AVE #225</b>	
CITY-ST-ZIP	<b>DAVIE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PATENOTTE, HANNAH E.</b>	
STREET ADDRESS	<b>4839 SW 148TH AVE #225</b>	
CITY-ST-ZIP	<b>DAVIE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
22 STREET ADDRESS	
23 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
33 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 NAME	
42 STREET ADDRESS	
43 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 NAME	
52 STREET ADDRESS	
53 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 NAME	
62 STREET ADDRESS	
63 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information provided on this annual report or special 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 provide this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or created after it with no address.

SIGNATURE: **Hannah E Patenotte** **HANNAH EPATENOTTE** DATE: **4/3/96** **(954) 389-8193**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECT.

CR2E034 (12/95)