

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

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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90069 015 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V30152 (5)
 1. Corporation Name
PATIKIN AUDITING, INC.

* 3 2 6 8 2 1 *
 326021 - 90069 - 15

Principal Place of Business Mailing Address
4839 SW 148th Ave. Suite 225 DAVIE, FL 33330
4839 SW 148th Ave. Suite 225 DAVIE, FL 33330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
4/10/1992

21. Principal Place of Business 318 INDIAN TRACE	2a. Mailing Address 318 INDIAN TRACE	4. FEI Number 65-0330363	Applied For Not Applicable
22. Suite, Apt. #, etc. Suite 225	26. Suite, Apt. #, etc. Suite 225	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State WESTON, FL	27. City & State WESTON, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country 33326 USA	29. Zip Country 33326 USA	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MORRIS, STUART R. ESQ 2000 GLADES ROAD Suite 412 BOCA RATON, FL 33431	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2500 NORTH MILITARY TRAIL 83 Suite 175 84 City BOCA RATON FL 85 Zip Code 33431
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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 _____ (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 D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ZALKIN, CARI		1.2 NAME	
STREET ADDRESS 4839 SW 148th AVE #225		1.3 STREET ADDRESS 318 INDIAN TRACE #225	
CITY-ST-ZIP DAVIE, FL 33330		1.4 CITY-ST-ZIP WESTON, FL 33326	
TITLE <input type="checkbox"/> DELETE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PATENOTTE HANNAH E		2.2 NAME	
STREET ADDRESS 4839 SW 148th AVE #225		2.3 STREET ADDRESS 318 INDIAN TRACE #225	
CITY-ST-ZIP DAVIE, FL 33330		2.4 CITY-ST-ZIP WESTON, FL 33326	
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Cari Zalkin **CARI ZALKIN** 4/8/99 954-389-8193
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)