

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L32015 (4)**
1. Corporation Name
PATTI ENTERPRISES, INC.



Principal Place of Business: **6851 S HOLLY CR SUITE 200 ENGLEWOOD CO 80112 US**
Mailing Address: **6851 S HOLLY CR SUITE 200 ENGLEWOOD CO 80112 US**

2. Principal Place of Business: 21 State: Apt. #, etc. 22 City & State: 23 Zip: 24 County: 25
2a. Mailing Address: 26 State: Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporation or Qualified: **11/28/1989**
3a. Date of Last Report: **05/01/1995**
4. Fed. Number: **65-0172034** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BUCHWALD, HERBERT
1351 N.E. MIAMI GARDENS DRIVE
STORE UNIT #5
NORTH MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Numbers Not Acceptable): _____
83 _____
84 City: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0102 and 607.0103, 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. I, _____, Secretary of State, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, sections 607.0102 and 607.0103, Florida Statutes.

SIGNATURE: _____
Title: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
PD	BAUM, PATTY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6851 S HOLLY CR STE 200	ENGLEWOOD CO		
STD	KREUSCHER, MAUREEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6851 S HOLLY CR STE 200	ENGLEWOOD CO		
PD	BAUM, PATTY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6851 S HOLLY CR STE 200	ENGLEWOOD CO		
SDT	KREUSCHER, MAUREEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6851 S HOLLY CR STE 200	ENGLEWOOD CO		
<input type="checkbox"/> DELETED		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETED		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is true, correct and complete, and that I am an officer or director of the corporation or the registered agent responsible for the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached document with an address.

SIGNATURE: *Maureen Kreuscher* 3/29/96 303-770-9020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)