

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 PM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V55967 (6)
1. Corporation Name
PADA ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**U S 10 MM 304
BIG PINE KEY FL 33043
US** **P.O. BOX 276
BIG PINE KEY FL 33043**

3. Date Incorporated or Qualified **08/04/1992** 3a. Date of Last Report **04/28/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **65-0341641** Applied For
 Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**KAJFASZ, PAUL
RT. 5, BOX 22X
BIG PINE KEY FL 33043**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAJFASZ, PAUL E.	1.2 NAME	
STREET ADDRESS	RT 5 BOX 22X	1.3 STREET ADDRESS	
CITY - ST - ZIP	BIG PINE KEY FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAJFASZ, DAVID R.	2.2 NAME	
STREET ADDRESS	RT 5 BOX 19AX	2.3 STREET ADDRESS	
CITY - ST - ZIP	BIG PINE KEY FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAJFASZ, DAVID R.	3.2 NAME	
STREET ADDRESS	RT 5 BOX 19AX	3.3 STREET ADDRESS	
CITY - ST - ZIP	BIG PINE KEY FL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAJFASZ, PAUL	4.2 NAME	
STREET ADDRESS	RT 5 BOX 22X	4.3 STREET ADDRESS	
CITY - ST - ZIP	BIG PINE KEY FL	4.4 CITY - ST - ZIP	
TITLE		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		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 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 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 certified, or on an attachment with an address.

SIGNATURE: **PAUL E. KAJFASZ** 4-26-95 305-876-3926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number