

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

95 JUL 21 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P94000042038 (7)**

1. Corporation Name

**PATTERSON-SWANSON I CORP.**

Principal Place of Business

455 ADDISON PARK LANE  
BOCA RATON FL 33432

Mailing Address

455 ADDISON PARK LANE  
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/26/1994** 3a. Date of Last Report

21. Principal Place of Business  
**205 Via Tortuga**

26. Mailing Address  
**205 Via Tortuga**

4. FEI Number  
**05-0502327** Applied For  
Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

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

23. City & State  
**Palm Beach, Fl.**

28. City & State  
**Palm Beach, Fl.**

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

24. Zip  
**33480**

29. Zip  
**33480**

9. The corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIRSCHNER, MITCHELL B  
301 YAMATO RD.  
SUITE 2110  
BOCA RATON FL 33431**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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 of registered agent, registered agent or the filer or filer's authorized representative) (Signature of registered agent or registered agent representative) (Date)

12. OFFICERS AND DIRECTORS	
TITLE <b>DP</b>	<b>SWANSON, DANNY</b> 455 ADDISON PARK LANE BOCA RATON FL 33432
TITLE <b>DVS</b>	<b>PATTERSON, JAMES A</b> C/O 1000 SHELBYVILLE RD. LOUISVILLE KY 40223
TITLE	
TITLE	
TITLE	
TITLE	
TITLE	

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	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or departmental 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 I am not an officer with an address.

SIGNATURE: **X**   
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DAN E. SWANSON**

June 13, 1995 407-848-2475  
Date (Month/Day/Year)