


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

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Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000054524 (1)
 1. Corporation Name
PATRICIA STEPHENS, INC.



Principal Place of Business 1000 SPANISH RIVER RD. 2-H BOCA RATON FL 33432 US	Mailing Address 1000 SPANISH RIVER RD 2-H BOCA RATON FL 33432 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1121 HOLLAND DRIVE Suite, Apt. #, etc. 22 #16 City & State 23 BOCA RATON, FLORIDA Zip 24 33487		2a. Mailing Address 26 1121 HOLLAND DRIVE Suite, Apt. #, etc. 27 #16 City & State 28 BOCA RATON, FLORIDA Zip 29 33487 Country 30 USA		3. Date incorporated or Qualified 07/22/1994	4. FEI Number 65-0512958 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent STEPHENS, PATRICIA 100 NW 28TH STREET - BLDG A BOCA RATON FL 33431				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1000 SPANISH RIVER ROAD 83 2-H 84 City BOCA RATON FL 85 Zip Code 33432			
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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: *Patricia Stephens* **President Patricia Stephens 2-27-98**
 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			
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	PATRICIA STEPHENS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, PATRICIA	1.3 STREET ADDRESS	1000 SPANISH RIVER ROAD	2.2 NAME	PATRICIA STEPHENS	2.3 STREET ADDRESS	1000 SPANISH RIVER ROAD
STREET ADDRESS	100 NW 28TH STREET BLDG A	1.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33432	2.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33432	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	BOCA RATON FL	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		4.1 TITLE		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		5.2 NAME		5.3 STREET ADDRESS	
NAME		5.1 TITLE		5.2 NAME		5.4 CITY-ST-ZIP	
STREET ADDRESS		5.2 NAME		5.3 STREET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.2 NAME	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
NAME		6.1 TITLE		6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	
STREET ADDRESS		6.2 NAME					
CITY-ST-ZIP		6.3 STREET ADDRESS					

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.

SIGNATURE: *Patricia Stephens* **PATRICIA STEPHENS 2-27-98 (561) 994-2141**

CR2E034 (10/97)