

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90001 010 \*\*\*158.75



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

DOCUMENT # **P94000054524** ✓  
 1. Corporation Name

**PATRICIA STEPHENS, INC.**



Principal Place of Business  
 1121 HOLLAND DRIVE  
 #16  
 BOCA RATON FL 33487  
 US

Mailing Address  
 1121 HOLLAND DRIVE  
 #16  
 BOCA RATON FL 33487  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/22/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0512958	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEPHENS, PATRICIA 1000 SPANISH RIVER ROAD 2-H BOCA RATON FL 33432				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, PATRICIA	1.2 NAME	
STREET ADDRESS	1000 SPANISH RIVER ROAD #2-H	1.3 STREET ADDRESS	701 HOLLY LANE
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	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	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	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.

SIGNATURE: *Patricia Stephens* 1-2-99 (561) 994-2141

CR2E034 (5/99)

July 2, 1999

P94000054524

588 426-90001-10

To Whom It May Concern,

On July 1, 1999 I received a "2 notice" about filing my corporation's annual report. I immediately called and spoke to a representative named Tyrone! I advised him that I filed for two corporations on Feb 2, 1999. I may have mailed them in one envelope. He said it appeared New England Craftman Inc. was received but not Patricia Stephens Inc. He advised me to mail this letter with a check for \$150.00 and the report from ~~the 2nd notice immediately and~~ that would resolve the matter. I am adding the additional \$8.75 fee so I will be notified of the status.

Thank-you!

Sincerely,  
Patricia Stephens

Check enclosed