PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000016451**1. Corporation Name

PATTER, INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90091 047 ***150.00



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Principal Place of Business:	Malling Address				11 01:21 (1901	
6940 NW 34TH ST. MARGATE FL 33083 MARGATE FL 33083						
				DO MOT MIDITE IN THIS SDACE		
				DO NOT WRITE IN THIS SPACE		
				3. Date incorporated or Qualified 02/19/1998	- [
	a Adamina Addasas			4, FEI Number Applie	4 Eor	
2. Principal Place of Business	2a, Mailing Address				plicable	
	26			CR 75 Add		
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		
22	City & State					
City & State	28			Trust Fund Contribution Added to F		
Zip Country	Zip	Cour	ntrv	8. This corporation owes the current year intangible		
24 25			•	Personal Property Tax.		
9. Name and Address of Current R		~		10. Name and Address of New Registered Agent		
Or comme date treeses at advantage		\neg	81 Name			
DEMARTINO, THEODORA		ļ	99 6:	10 dd (D O D blumber le Met A		
6940 NW 34TH ST.			82 Street	t Address (P.O. Box Number is Not Acceptable)		
MARGATE FL 33083	• • • • • • • • • • • • • • • • • • • •	}	83			
				ा मुश्लिक विकासिक अधिक विकास है। विकास		
			84 City	The state of the s	8	
44 Pursuant to the provisions of Sections 607 0502 a	nd 607.1508. Florida Statutes.	the at	oove-named	d composition cubmits this statement for the purpose of changing its red	istered	
office or registered agent, or both, in the State of F	lorida. Such change was auth	orized	by the corp	poration's board of directors. I hereby accept the appointment as regist	ered	
agent, I am familiar with, and accept the obligation	s of, Section 607.0505, Florida	a Statu	nes.			
SIGNATURE Signature, typed or printed name of registered agent an	title V socilicable. INOTE Re	gistered /	Agent signature	e required when reinstating) DATE	—)	
12. OFFICERS AND C		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
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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 angular popor or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 th changed, by on an attachment with an address, with all other like empowered.

SIGNATURE: