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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

r# 388386

(5)

THE PATECELL CORPORATION

| FILED              |   |
|--------------------|---|
| Apr 06 1998 8:00am | l |
| Secretary of State |   |

| Principal Place of Business Mailing Address   |  |   |                         |                                | -   | HOTE DIEH GIEN DION DION   | il 0 0 0  00                          |                    |  |
|---|--|---|-------------------------|--------------------------------|---|--|---------------------------------------|--------------------|--|
| 3980 AIRPORT RD 3980 AIRPORT RD   |  |   |                         |                                |   |  |                                       |                    |  |
| RT BOX 12 RT BOX 12   |  |   |                         |                                |   | DO NOT WRITE IN THIS SPACE                                       |                                       |                    |  |
| BOCA RATON FL 33431 BOCA RATON FL 33431 US  |  |   |                         |                                |   | 3. Date Incorporated or Qualified                                |                                       |                    |  |
|   |  |   |                         |                                |   | 09/16/1971   |                                       |                    |  |
| 2. Principal Place of Business 2a, Mailing Address  |  |   |                         |                                |   | 4. FEI Number  | A                                     | pplied For         |  |
| 21 26   |  |   | ·                       |                                |   | 59-1512992   |                                       | ot Applicable      |  |
| Suite, Apt. #, etc.   |  |   |                         |                                |   | 5. Certificate of Status Desired                                 | 1 1                                   | Additional equired |  |
| 27  |  |   | <del></del>             |                                |   | E Election Compaign Financing                                    |                                       |                    |  |
| 23  | 28   |   |                         |                                | Election Campaign Financing     Trust Fund Contribution |  | May Be<br>to Fees                     |                    |  |
| Zip   | Country  | Zip                                     | Cour                    | ntry                           |   | 8. This corporation owes or has paid the current year Intangible |                                       |                    |  |
| 24  | 25   |   | 30                      |                                |   | Personal Property Tax due June 30. 🛮 Yes 🔲 No                    |                                       |                    |  |
|   | 9. Name and Address of Curr                      |   |                         | 81                             | <b>A</b> 1  | 10. Name and Address of New Regi                                 | stered Agent                          |                    |  |
|   | PLAN, DOUGLAS C. & ASSOCI                        | ATES                                    | ]                       | ا'٥                            | Name  |  |                                       |                    |  |
| 1915 HARRISON ST  |  |   |                         | 82                             | Street Addres   | ss (P.O. Box Number is Not Acceptable                            | )                                     |                    |  |
| <b>n</b> u  | LLYWOOD FL 33020                                 |   | l <sub>1</sub>          | B3                             |   |  |                                       |                    |  |
|   |  |   |                         |                                |   |  | · · · · · · · · · · · · · · · · · · · | <u>-</u>           |  |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |  |   |                         | 64                             | 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   |  | -                                       |                         |                                |   |  |                                       |                    |  |
| <u></u>   | Signature, typed or printed name of registered a | ····, — — — — — — — — — — — — — — — — — |                         | Agent                          | signature required                                      |  | DATE                                  |                    |  |
| 12.   | OFFICERS A                                       | ND DIRECTORS DELETE                     | 13.                     | <u></u>                        |   | ADDITIONS/CHANGES TO OFFICE                                      | RS AND DIRECTOR Change                | RS IN 12           |  |
| NAME  | DATEGORIA TILEGRAPE O                            |   |                         |                                |   |  | L_1 Orlange                           | L. Madadan         |  |
| STREET ADDRESS  |  |   |                         | 1.2 NAME<br>1.3 STREET ADDRESS |   |  |                                       |                    |  |
| CITY-ST-ZIP   | FT   410FDD   1 F   1 9 22007                    |   |                         | Y-ST-                          |   |  |                                       |                    |  |
| TITLE   | VP   | DELETE                                  | 2.1 TITL                |                                |   |  | Change                                | Addition           |  |
| NAME  |  |   | 2.2 NAN                 | 2.2 NAME                       |   |  |                                       |                    |  |
| STREET ADDRESS  | TREET ADDRESS 33-52 158TH ST                     |   |                         | LEET A                         | DDRESS  |  |                                       |                    |  |
| CITY-ST-ZIP   | FLUSHING IN NY 113                               | 354                                     | 2. 4 CIT                | Y-ST                           | - ZIP   |  |                                       | ļ                  |  |
| TITLE   |  | DELETE                                  | 3.1 TITL                | .E                             |   |  | ☐ Change                              | Addition           |  |
| NAME  |  |   | 3.2 NAN                 | ИE                             |   |  |                                       |                    |  |
| STREET ADDRESS  |  |   | 3.3 STR                 | EET AC                         | DDRESS  |  |                                       |                    |  |
| CITY-\$1-ZIP  |  |   | 3.4. CIT                |                                | - ZIP   |  | · · · · · · · · · · · · · · · · · · · |                    |  |
| TITLE   | _  |   | 4.1 TITE                |                                | 1   |  | L Change                              | ☐ Addition         |  |
| NAME  |  |   | 4. 2 NA                 |                                |   |  |                                       |                    |  |
| STREET ADDRESS  |  |   |                         |                                | DORESS  |  |                                       |                    |  |
| CITY-ST-ZIP<br>TITLE  |  | ☐ DELETE                                | 4.4 CITY -<br>5.1 TITLE |                                | ZIP   |  | Change                                | Addition           |  |
| NAME  |  |   | 5.1 ICL                 |                                |   |  |                                       |                    |  |
| STREET ADDRESS  |  |   |                         |                                | DDRESS  |  |                                       |                    |  |
| CITY-\$1-ZIP  |  |   | 5.4 CITY                |                                |   |  |                                       | ŀ                  |  |
| TITLE   |  | DELETE                                  | 6.1 TITL                |                                |   |  | Change                                | Addition           |  |
| NAME  |  |   | 6.2 NAN                 |                                |   |  | _ 5                                   |                    |  |
| STREET ADDRESS  |  |   |                         |                                | DDRESS  |  |                                       |                    |  |
| CITY - ST - ZIP   |  |   | 6.4 CITY                |                                | 1   |  |                                       |                    |  |
|   | ertify that the information supplied             | with this filing does not qualify for   |                         |                                |   | ection 119.07(3)(i) Florida Statules I fur                       | rther certify that the                | information        |  |

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 attention with an exercise.

SIGNATURE: JON SON

PRESIDENT