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

Mailing Address

8701 CORAL WAY

2a. Mailing Address

Suite, Apt. #, etc.

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MIAMI FL 33165

 PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 662602 1. Corporation Name

PATRICK J. FULLER, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

8701 CORAL WAY

MIAMI FL 33165

21

22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Zip Country Zin ΠNo Personal Property Tax. 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FULLER, PATRICK J Street Address (P.O. Box Number is Not Acceptable) 8701 CORAL WAY 83 **MIAMI FL 33165** 85 Zin Code City 84 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 distribution of 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 (NOTE: Registered Agent signature required who Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change DELETE 1.1 TITLE 56 TO THE TITLE 1.2 NAME FULLER, PATRICK J. NAME 1.3 STREET ADDRESS 12000 S.W. 99 AVE. STREET ADDRESS 1.4 CITY-ST-ZIP MIAMI FL CITY+ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME FULLER, PATRICK J. NAME 2.3 STREET ADDRESS 12000 S.W. 99 AVE. STREET ADDRESS 2. 4 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Addition ☐ Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME. STEP AND WAR 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 61 TITLE TITLE 171.45 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 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, with all other like empowered.

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90058 008 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

i**05/14/198**0

59-2003072

4. |FEI Number

CR2E034 (11/98)

SIGNATURE REQUIRE

SIGNATURE:/