

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002186 (5)

1. Corporation Name

PATTEN RECEIVABLES FINANCE CORPORATION VI



Principal Place of Business

Mailing Address

5295 TOWN CENTER ROAD
BOCA RATON FL 33486

5295 TOWN CENTER ROAD
BOCA RATON FL 33486

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/11/1993

3a. Date of Last Report

01/26/1995

4. FEI Number

03-0312861

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSCD ☐ DELETE
NAME RONDEAU, PATRICK E
STREET ADDRESS 20943 PACIFICO TERRACE
CITY-ST-ZIP BOCA RATON FL 33433

1.1 TITLE PSCD ☒ Change ☐ Addition
1.2 NAME RONDEAU, PATRICK E.
1.3 STREET ADDRESS 5295 TOWN CENTER ROAD
1.4 CITY-ST-ZIP BOCA RATON, FL 33486

TITLE VD ☐ DELETE
NAME KOSCHER, DANIEL C
STREET ADDRESS 4856 N.W. 104TH LANE
CITY-ST-ZIP CORAL SPRINGS FL 33076

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME KOSCHER, DANIEL C
2.3 STREET ADDRESS 5295 TOWN CENTER ROAD
2.4 CITY-ST-ZIP BOCA RATON, FL 33486

TITLE TD ☐ DELETE
NAME MURRAY, ALAN L
STREET ADDRESS 4926 ATAMAV STREET
CITY-ST-ZIP BOCA RATON FL 33428

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME MURRAY, ALAN L
3.3 STREET ADDRESS 5295 TOWN CENTER ROAD
3.4 CITY-ST-ZIP BOCA RATON, FL 33486

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Patrick E. Rondeau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK E. RONDEAU

1/19/96

407-361-2705

Date

Daytime Phone #

CR2E034 (12/95)