

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

FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
5285 TOWN CENTER ROAD
BOCA RATON FL 33486

Mailing Address
5285 TOWN CENTER ROAD
BOCA RATON FL 33486-1003

3. Date Incorporated or Qualified
05/11/1993

3a. Date of Last Report
01/31/1996

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

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☒ Addition

NAME
PSCD
RONDEAU, PATRICK E
STREET ADDRESS
5285 TOWN CENTER ROAD
CITY - ST - ZIP
BOCA RATON FL

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

33486

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME
VD
KOSCHER, DANIEL C
STREET ADDRESS
5285 TOWN CENTER ROAD
CITY - ST - ZIP
BOCA RATON FL

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

33486

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME
TD
MURRAY, ALAN L
STREET ADDRESS
5285 TOWN CENTER ROAD
CITY - ST - ZIP
BOCA RATON FL

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

33486

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director
Patrick E. Rondeau

1/7/97

561-361-2700

Date

Daytime Phone #

CR2E034 (9/96)