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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F9400002437 (1)

PATTEN RECEIVARIES FINANCE CORPORATION IX

TATIEN NEOE	INADELO I MAN	DE COM CHANCH	<i>I</i> /							
Principal Place of Busin	ess	Mailing Addres	Mailing Address 5295 TOWN CENTER ROAD BOCA RATON FL 33486			ı iddiləd cişê şêviş asanı adılı edişi Balıl darın adılı bişir di	SAM IIIII EMBL EMBI			
5295 TOWN CENTER RO BOCA RATON FL 33486						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 05/11/1994				
2. Principal Place of Business 21		2a. Mailing Add	2a. Mailing Address 26			4. FEI Number 65-0484310	Applied For Not Applicable			
Suite, Apt #, etc		Suite, Apt. #	Suite, Api. #, etc.			5 Certificate of Status Desired 7	75 Additional se Required			
City & State		City & State	City & State				\$5.00 May Be Added to Fees			
Zip 24	Country 25	Ζ)p	30	untry		This corporation owes or has paid the current ye Personal Property Tax due June 30. Yes	ar Intangible			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
THE PRENTICE-HALL CORPORATION SYSTEM, INC.					Name					
110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301				82	Street Add	Iress (P.O. Box Number is Not Acceptable)				
7710001100	22 (2 3233)			83		1770				
				84	City	FL 85	Zip Code			
11. Pursuant to the pro- office or registered	visions of Sections 607 agent, or both, in the S	7 0502 and 607,1508, Flor State of Horida, Such chal	da Statutos, the a	bove d by	named cor the corpora	rporation submits this statement for the purpose of changation's board of directors. I hereby accept the appointment	ing its registered nt as registered			

agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.													
SIGNATURE Signature typed or protect name of registered agent and title 1 applicable (NOTE Registered Agent signature required when reinstating) DATE													
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12										
TITLE	PCOS	DEFETE	1.1 TITLE		Change	Addition							
NAME	RONDEAU, PATRICK E		1 2 NAME										
STREET ADDRESS	5295 TOWN CENTER ROAD		1.3 STREET ADDRESS										
CITY-ST-ZIP	BOCA RATON FL		1.4 CiTY-ST-ZiP										
TITLE	TDD	X DELETE	21 TITLE	T	☐ Change	Addition							
NAME	MURRAYX MAN K		2.2 NAME	CHISTE, JOHN F.									
STREET ADDRESS	SERENTOWN CRINTREN ROAD		2.3 STREET ADDRESS	5295 TOWN CENTER ROAD									
CITY-ST-ZIP	BOCA RATON XIX		2. 4 CITY - ST - ZIP	BOCA RATON, FL 33486									
TITLE	V	DELETE	3.1 TiTLE		☐ Change	☐ Addition							
NAME	KOSCHER, DANIEL C		3.2 NAME										
STREET ADDRESS	5295 TOWN CENTER ROAD		3 3 STREET ADDRESS										
CITY-S1-ZIP	BOCA RATON FL		3 4. CITY - ST - ZIP										
TITLE	D	DELETE	4.1 TITLE		Change	Addition							
NAME	GAJDA, THOMAS		4. 2 NAME										
STREET ADDRESS	86 SPRING STREET		4.3 STREET ADDRESS										
CITY-ST-ZIP	WILLIAMSTOWN MA		4.4 CITY-ST-ZIP										
TITLE		☐ DELE1E	5.1 TITLE	D	☐ Change	Addition							
NAME			5.2 NAME	FERGUSON, DANNY L.		Į							
STREET ADDRESS			5.3 STREET ADDRESS	5295 TOWN CENTER ROAD									
CITY-ST-ZIP			5 4 CITY - ST - ZIP	BOCA RATON, FL 33486									
TITLE		DELETE	6 1 TITLE		Change	Addition							
NAME			62 NAME										
STREET ADDRESS			6.3 STREET ADDRESS										
CITY-ST-ZIP			6.4 City - ST - 7/P										

14. Thereby certify that the information indicated on this annual report of officer or director of the corporate Block 12 or Block 13 if changed. 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 uppliemental amount report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or the convey of fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Patrick E. Rondeau 1-22-98 (561)361-2705

FILED

Feb 11 1998 8:00am

Secretary of State