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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

H37049

(4)

JOHN H. PATTERSON, P.A.

Principal Place of Business

COURTHOUSE TOWER. 1871-11800

44 WEST FLAGLER STREET

Mailing Address

COURTHOUSE TOWER, 1971-15509.
44 WEST FLAGLER STREET



MIAMI FL 33130-B008		MIAMI FL 33130-8 <u>820-</u>		3. Date incorporated or Qualified 01/02/1985	3a. Date of Last Report 04/21/1995
2. Principal Place 21 44 (West Flag lev St.	2a. Mairing Address 26 44 West	FlaglerSt	4. FET Number 59-2510428	Applied For Not Applicable
Suite, Apt. #	e 2450	Suite, Apr. #, etc. 27 Suite 243	70	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	imi, FC	City & State 28 Mawi	FL	Flection Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 331	Country 25		Country 30	8. This corporation has liability for Florida Statutes X Yes	intangible tax under s 199.032, : ☐ No
	9. Name and Address of Current F	Registered Agent	81 Name	10. Name and Address of New F	legistered Agent
PATTERSON, JOHN H. COURTHOUSE TOWER, 16TH FLOOR SUITE 2450 44 WEST FLAGLER STREET MIAM FL 33130-846 6808 B2 Street Address (P.O. Box Number is Not Acceptable) 44 WEST FLAGLER STREET B3 Suite 2450 B4 City A Louding					
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 29'.0505, Florida Statutes. SIGNATURE Signature, Byed or painted name of registered agenc and title Tappinate (NOTE: Registeric Agent scheduler (Species Agent scheduler))					
12.	OFFICERS AND I		T 13.	ADDITIONS/CHANGES TO OFF	DAIL
Dice	DP	DELETE	1 1 11111		Change Addition
NAME	Patterson, John H 💢	1 01-	1.2 NAME		
STREET ADDRESS	44 W FLAGER ST LEET SC	inte 2450	1.3 STREET ADORESS		1
CITY - S1 - ZIP	MIAMI FL		1.4 City - St - ZiF		
TITLE		☐ DELETE	2 1 THLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-SI-ZIP		E DELETE	2 4 City-St-ZIP		
THE		☐ DELFTE	3 1 TITLE		Change Addition
NAME			3.2 NAME]
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4 1 TITLE		Change Addition
NAME		L) been	4 2 NAME		Claride Classicon
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4.4.0/TY-ST-ZiP		
TITLE		□ DELETE	5 1 TITLE		Change Addition
NAME		_	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CHY - ST - ZIF		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		-
STREET ADDRESS			6 3 STREET ADDRESS		
CITY - ST - ZiP			G 4 CITY - ST - ZIP		
14. I do hereby	certify that the information supplied with	this filing is voluntarily furnish		r the exemption stated in Section 119.	.07(3)(k), Florida Statutes, I further

4. To nereby centry that the information supplied with this fling is voluntarily furnished and does not quality 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 prector 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 a stachment with an address.

SIGNATURE;

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 13,1996

(305) 350 - 9000