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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H37049

(4)

JOHN H. PATTERSON, P.A.

Principal Place of Business Mailing Address COURTHOUSE TOWER, 1854-ELOOR COURTHOUSE TOWER. 1971-PLOOR **SUITE 2450 SUITE 2450** MIAMI FL 33130-8808 MIAMI FL 33130 3. Date Incorporated or Qualified 3a. Date of Last Report U\$ <u>01/02/198</u>5 03/18/1996 Principal Place of Business Applied For Flaglev St. West Flagler St. 59-2510428 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be 6. Election Campaign Financing MIAWI Added to Fees 28 Trust Fund Contribution This corporation has liability for intangible tax under s. 199.032, ISA Yes 🗌 No 29 Florida Statutes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name PATTERSON, JOHN H. 44 WEST FLAGLER ST Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 2450** 83 MIAM FL 33130 84 City 65 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 algorature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE NAME PATTERSON, JOHN H 1.2 NAME 44 W FLAGLER ST, SUITE 2450 1.3 STREET ADDRESS STREET ADORESS miami fl 1.4 CITY+ST-ZIP CITY-ST-ZIF Addition DELETE Change 2.1 TITLE THLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SI-ZIE 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME

6.4 CITY-ST-ZIP 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 Bl

43 STREET ADDRESS 4.4 CITY-ST-ZIP

53 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

51 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

STREET ADDRESS

CITY- ST-7IF

CITY-SI-7iP

TIFLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

DELETE

DELETE

Addition

Addition

Change

Change

**FILED** 

Apr 28 1997 8:00am

Secretary of State