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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

JOHN	H. PATTERSON, P.A.	, ,			
Principal Plac	e of Business	Mailing Address		T SOUTON BOOM HAN SOUN DOLL BIRTH INTERNATION	4 MEDIT OTOTT CERTI OFBE OTOTT FOOT
44 WEST FLAGLER ST SUITE 2450 MIAMI FL 33130		44 WEST FLAGLER ST SUITE 2450 MIAMI FL 33130		DO NOT WRITE IN TH	IIS SPACE
US		US		3. Date Incorporated or Qualified	
			~ · -hh-lul	01/02/1985	
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	W ato	26		59-2510428	Not Applicable
22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	6. This corporation owes or has paid the	<u> </u>
24	25 9. Name and Address of Curren		30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
		t riogistoreo Agent	81 Name	ID, Hame and Address of New Negister	JU Agent
	ATTERSON, JOHN H.				
	4 West Flagler St Uite 2450		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	IIAM FL 33130		83		
, m	IVM FE 33130				
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607, 1508. Florida Statuter	s the above-named corpo		
office or r	egistered agent, or both, in the State	of Florida Such change was au	thorized by the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the a	ppointment as registered
	m tamiliar with, and accept the onliga	ations or, Section 607.0505, Flor	ida Statutes.		
SIGNATURE	Signature: typod or printed name of registered age	of and title if applicable (NOTE:	Registered Agent signature require	ad when reinstating) DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition
NAME	PATTERSON, JOHN H		1.2 NAME		
STREET ADORESS	44 W FLAGLER ST, SUITE 2	450	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		C. Dirit	4.1 IIILE 4.2 NAME		CT Awards CT WARROW
l i					
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST+ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		FT pricir	5.2 NAME		C Outside T unmillou
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	F1	☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 City-St-ZiP		
	ertify that the information supplied wi	th this filma does not qualify for		Section 119.07(3)(i), Florida Statutes, I further	certify that the information

in supplied with this imag two sind quality for the exemption stated in section 1.19.07(3)(1), Florida Statutes. I further certify that the information supplied entire and accurate and that my signature shall have the same legal effect as if made under oath; that I am an on or this receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in one of this report as required by Chapter 607, Florida Statutes; and that my name appears in one of this report is trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in one of the contract of the con

FILED

Apr 28 1998 8:00am

Secretary of State