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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J29784

(2)

THE PATRICK MCBRIDE COMPANY

<del></del> -	Mailing Address	
	ACCE O DAVOLLODE MOINE	

**FILED** Feb 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 100 1119 0110 11010 10111 1#8071 19111 018	II BABEL BABIL I	)  <b>  </b>	II BIBIT IBBA
2665 S. BAYSHORE DRIVE #700 COCONUT GROVE FL 33133		2665 S. BAYSHORE DRIVE							
		COCONUT GROVE FL 33	#700 COCONIIT GROVE EL 33133			DO NOT WRITE IN	THIS SPAC	Œ	
						3. Date Incorporated or Qualified			
		_				08/21/1986			
· ·	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				59-2737494		N/	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			}	5. Certificate of Status Desired	- <sub> </sub> \$	-	Additional
22		27							equired
City & Stat	€	City & State				6. Election Campaign Financing			May Be
23 28			Country			Trust Fund Contribution L			to Fees
Zip	Country	Zip	<b>├</b> ─┐	ııry		8. This corporation owes or has paid the current ye			
24	9. Name and Address of Curre	nt Pagistared Agent	30			Personal Property Tax due June 30.  10. Name and Address of New Regist			No
		ut veditreien väelit		B1 Nam		10. Hallie and Address of Hew Regis	eled Agel	<u></u>	
	BRIDE, PATRICK		[	· · · · · ·					
1	5 BAYSHORE DRIVE		[1	82 Stree	et Addres	s (P.O. Box Number is Not Acceptable)			
#70				83					
CO	CONUT GROVE FL 33133		1	55					
			][	B4 City			<b></b> 85	Zip	Code
dd Daniel	46	20 4 CO2 4500 Florido Dist				dia	FL "	1	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was	authorized	by the co	orporation	ation submits this statement for the purp is board of directors. I hereby accept the	e appointn	nging ii nent as	registered
SIGNATURE									Ì
	Signature, typed or printed name of registered ag			Agent signat	ture required v		ATE	F0501	20.111.40
12.		ID DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICER			
TITLE	PD	DELETE	1.1 THE				L.	Change	Addition
NAME	MCBRIDE, PATRICK		1.2 NAN						
STREET ADDRESS	2665 BAYSHORE DR. #700		1	EET ADDRES	is				į
CITY-ST-ZIP	COCONUT GROVE FL			r-ST-ZIP					
TITLE	V	☐ DELETE	2.1 TITE		ĺ		LJ.	Change	☐ Addition
NAME	REISER, LAWRENCE		2.2 NAM	4E					
STREET ADDRESS	2665 BAYSHORE DR. #700		2.3 STR	EET ADDRES	s				
CITY-ST-ZIP	COCONUT GROVE FL			Y-ST-ZIP		\$4.6E.5			
TIFLE		☐ DELET <b>e</b>	3.1 TITL			RECTOR	□ (	Change	X Addition
NAME			3.2 NAN			BRIDE, ERIC			
STREET ADDRESS			3.3 STR	EET ADDRES	,	65 BAYSHORE DR. #700			
CITY-ST-ZIP				Y-ST-ZIP	CO	CONUT GROVE, FL			
TITLÉ		☐ DELETE	4.1 TITL		1		L., (	Change	☐ Addition
NAME			4. 2 NAI	ME					
STREET ADDRESS			4.3 STR	eet addres	s				1
CITY-ST-ZIP			4.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	5.1 TITL	E				Change	Addition
NAME			5.2 NAM	IE	1				
STREET ADDRESS			5.3 STR	ET ADDRESS	s				
CITY-ST-ZIP			5.4 CITY	'- ST - ZIP					
TITLE		DELETE	61 TITU	E				Change	☐ Addition
NAME			6.2 NAM	IE .					
STREET ADDRESS			6.3 STA	EET ADDRESS	s				
CITY-ST-ZIP			6.4 City	- ST- ZIP					
4 4 1 1									

14. Thereby 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 supplimental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, often an akachinent with an address.