

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

PROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # **J64813**

(5)

1. Corporation Name
22ND AVENUE ASSOCIATES, INC.

Principal Place of Business
**316 N-CASEY KEY ROAD 7350 S. TRAIL
22- OSPREY-FL 34220 Sarasota, FL
US 34231**

Managing Address
**-% JOHN PATTERSON
46 NORTH WASHINGTON BOULEVARD #1
SARASOTA FL 34236**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/24/1987
4. FID Number
59-2797628 Applied Fee: \$8.75 Additional Fee Required
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing (Trust Fund Contribution) \$5.00 May Be Added to Fee
8. This corporation owes or has paid the current year (beginning Personal Property Tax due June 30) Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business
21. **7350 S. Tamiami Tr.** 26. Managing Address **SAME.**
22. **# 82** 27. State, Apt. No., etc.
23. **Sarasota FL** 28. City & State
24. **34231** 25. **USA** 29. ZIP 30. Country

9. Name and Address of Current Registered Agent
**PATTERSON, JOHN
46 NORTH WASHINGTON BOULEVARD #1
SARASOTA FL 33577**

- 81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0127 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. This notice in the State of Florida. Such change was authorized by the corporation's board of directors. I, hereby accept the appointment as registered agent of the corporation and I accept the responsibility of Sections 607.0105, Florida Statutes.

12. DELETIONS OF OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<input type="checkbox"/> DELETE	1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		2 ADDRESS	
CITY-STATE-ZIP		3 CITY-STATE-ZIP	
NAME	<input type="checkbox"/> DELETE	4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		5 ADDRESS	
CITY-STATE-ZIP		6 CITY-STATE-ZIP	
NAME	<input type="checkbox"/> DELETE	7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		8 ADDRESS	
CITY-STATE-ZIP		9 CITY-STATE-ZIP	
NAME	<input type="checkbox"/> DELETE	10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		11 ADDRESS	
CITY-STATE-ZIP		12 CITY-STATE-ZIP	
NAME	<input type="checkbox"/> DELETE	13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		14 ADDRESS	
CITY-STATE-ZIP		15 CITY-STATE-ZIP	
NAME	<input type="checkbox"/> DELETE	16 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		17 ADDRESS	
CITY-STATE-ZIP		18 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing is true and that it qualifies for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information is true and correct 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the appropriate block of the filing of a change of information filed with an addressee.

SIGNATURE: *John Patterson*

10/1/98

CP2E034 (10/97)