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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

| DOCUM                      | MENT # <b>J746</b> 8   | <b>86</b>   | (3)                       |             |               |                              |   |   |                                      |  |
|----------------------------|--|-------------|---------------------------|-------------|---------------|------------------------------|---|---|--------------------------------------|--|
| PATSY DREYER, INC.         |  |             |                           |             |               |                              |   |   |                                      |  |
| Principa! Place            | of Business  | M           | ailing Address            | <del></del> |               |                              | I TERUMUN OM TERM BIRAN OM TOM  | I BUIL OIDH OIDH EASA DID                     | <b>II 81811 81811 188</b> 1          |  |
| 1915 NE 45TH ST            |  |             | 1915 NE 45 ST.            |             |               |                              |   |   |                                      |  |
| 1915 NE 45TH ST. SUITE 108 |  |             | STE 108                   |             |               |                              |   |   |                                      |  |
| FT. LAUDERDALE FL 33308    |  |             | FT. LAUDERDALE FL 33308   |             |               |                              | Date Incorporated or Qualified  | 3a. Date of Last f                            | Pened                                |  |
| US                         |  |             | US                        |             |               |                              | 05/26/1987  | 05/01/19                                      | '                                    |  |
| 2. Principal Pla           | ace of Business  | 2a.         | Mailing Address           |             |               |                              | 4. FEI Number   | 00/01/18                                      | Applied For                          |  |
| 21                         |  | 26          | J                         |             |               |                              | 65-0001726  |   | Not Applicable                       |  |
| Suite, Apt. #              | , etc.   |             | Suite, Apt. #, etc.       |             |               |                              | 5. Certificate of Status Desired  | \$8.7   | 5 Additional                         |  |
| 22                         |  | 27          |                           |             |               |                              | Di Governato di Statos Bodinos  | Fee   | Required                             |  |
| City & State               |  |             | City & State              |             |               |                              | Election Campaign Financing     Trust Fund Contribution   |   | 00 May Be<br>ed to Fees              |  |
| Zip<br><b>24</b>           | Country 25   | 29          | Zip                       | Country 30  |               |                              | 8. This corporation has liability for intangible tax under s 199,032, Florida Statutes  Yes  No |   |                                      |  |
|                            | 9. Name and Address of Cur   | rent Regis  | tered Agent               |             |               |                              | 10. Name and Address of New R   | egistered Agent                               |                                      |  |
|                            |  |             |                           |             | B1            | Name                         |   |   |                                      |  |
| DREYER, PATSY              |  |             |                           |             | 82            | Street Add                   | Street Address (P.O. Box Number is Not Acceptable)  |   |                                      |  |
| 3100 NE 48TH ST #1006      |  |             |                           |             |               |                              |   |   |                                      |  |
| FORT LA                    | AUDERDALE FL 33304   |             |                           |             | 83            |                              |   |   |                                      |  |
|                            |  |             |                           |             | 84            | City                         |   | <b> 85</b> _Z                                 | ip Code                              |  |
| 11 Pureusot to             | o the provisions of Sections 607.06  | 02 and 60   | 7 1509 Florida Status     | too the ab  |               | and age                      |   |   | 330H                                 |  |
| or registere               | ed agent, or both, in the State of H   | orida Sucr  | i change was authori.     | zed by the  | ove-r<br>corp | named corpc<br>oration's boa | oration submits this statement for the purport of directors. I hereby accept the appo           | pose of changing its<br>pintment as registere | registered office :<br>d agent. I am |  |
| SIGNATURE                  | h, and accept the obligations of, S  |             |                           |             |               |                              |   | -   |                                      |  |
|                            | Signature, typed or printed name of registered at<br>OFFICERS /  |             |                           |             | d Agen        | il signature requir          | ed when reinstating:  | DATE  |                                      |  |
| TITLE                      | D  | AND DIREC   | DELETE                    | 13.<br>1.11 | TITLE         |                              | ADDITIONS/CHANGES TO OFFI   | CERS AND DIRECTO                              | DRS IN 12 Addition                   |  |
| NAME                       | DREYER, PATSY  |             |                           |             | IAME          |                              |   |   | ☐ Addition                           |  |
| STREET ADDRESS             | 3100 NE 48TH ST #1006  |             |                           |             |               | ADDRESS                      |   |   |                                      |  |
| CITY-ST-ZiP                | FORT LAUDERDALE FL   |             |                           |             | itty-S        | j                            |   |   |                                      |  |
| TITLE                      | ,  |             | DELETE                    | 2 1         |               | <del>"-'"</del>              |   | [ ] Change                                    | Addition                             |  |
| NAME                       |  |             |                           | 22 N        | AME           |                              |   | _ ,   | -                                    |  |
| STREET ADDRESS             |  |             |                           | 235         | TREET         | ADDRESS                      |   |   |                                      |  |
| CITY - S1 - 7IP            |  |             |                           | 240         | ITY-\$        | T-ZIP                        |   |   |                                      |  |
| TITLE                      |  |             | DELETE                    | 3 17        | TITLE         |                              |   | Change  | Addition                             |  |
| NAMÉ                       |  |             |                           | 32 N        | AME           |                              |   |   |                                      |  |
| STREET ADDRESS             |  |             |                           |             |               | ADDRESS                      |   |   |                                      |  |
| CITY-ST-ZIP                |  |             | □ DELETE                  |             | ITY-S         | IT-ZIP                       |   |   |                                      |  |
| TITLE<br>NAME              |  |             | ☐ DEFELE                  | 4 1 1       |               |                              |   | ☐ Change                                      | ☐ Addition                           |  |
| STREET ADDRESS             |  |             |                           |             | AME<br>TREET  | ADEOLOG                      |   |   |                                      |  |
| CITY-ST-ZIP                |  |             |                           | B           |               | ADDRESS                      |   |   |                                      |  |
| TITLE                      |  |             | ☐ DELETE                  | 5 1 1       | ITY - S       | 11 - ZIP                     |   | ☐ Change                                      | Addition                             |  |
| NAME                       |  |             |                           | 52 N        |               |                              |   |   |                                      |  |
| STREET ADDRESS             |  |             |                           |             |               | ADDRESS                      |   |   | ļ                                    |  |
| CHY-ST-ZIP                 |  |             |                           |             | ITY-S         |                              |   |   |                                      |  |
| TIPLE                      | THE PERSON NAMED IN COLUMN NAM |             | DELFTE                    | 6 1 1       |               |                              |   | ☐ Change                                      | Addition                             |  |
| NAME                       |  |             |                           | 62 N        | AME           |                              |   |   | -                                    |  |
| STREET ADDRESS             |  |             |                           | 6.3 \$      | TREET         | ADDRESS                      |   |   |                                      |  |
| CITY-ST-ZIP                |  |             |                           |             | ITY-S         |                              |   |   |                                      |  |
| 14. I do hereby            | certify that the information supplie   | d with this | filing is voluntarily fun | nished and  | does          | s not qualify                | for the exemption stated in Section 119.0   | 07(3)(k), Florida Statu                       | ites. 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_

Patry Dreys President 4-13-96 84-711-1888