PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J74686

PATSY DREYER, INC.

Principal Place	e of Business	Mailing Address									01811 01811 1881
1915 NE 45TH ST		1915 NE 45TH ST	1915 NE 45TH ST								
SUITE 108		SUITE 108	SUITE 108				DO NOT WRITE IN THIS SPACE				
FT. LAUDERDALE FL 33308			FT. LAUDERDALE FL 33308 US			-	3. Date Incorporated or Qualified				
US		00				"	05/26/198			•	-
2 Principal Pt	lace of Business	2a. Mailing Address				- 4	f. FEI Number	<u> </u>		A	pplied For
21	ace of Business	26					65-000172	6			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of S		<u> </u>		Additional **
22		27					. Certificate of a			Fee R	equired
City & State	e	City & State				6	Election Camp	oaign Financin	g 🔲		May Be
23		28					Trust Fund Co				to Fees
Zip	Country	Zip		Country		8	8. This corporati		urrent year In	itangible Yes	□No
24	25	29	30			10	Personal Prop 0. Name and A		v Renisterer	 -	
	9. Name and Address of Curre	int Registered Agent		81	Name		o. Italiio and A	201035 01 1101	, , tog. o.o.		
DRE	YER, PATSY			82							
) NE 48TH ST #1006					Address ((P.O. Box Numb	er is Not Acce	ptable)		
FOR	T LAUDERDALE FL 33308			83							
				24	0:1-					85 Zip	Code
				84	City				FI	<u> </u>	
						Loomorati	ion cubmits this	statement for the	ne purpose o	f changing it	s registered
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida S	Statutes, th	ie above	-named	Loipulan	b d - f - dine - d	- 1	the enec	sintmont or r	ogictorod I
Affice or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change w	vas autnori	rizea ov	tne cort	oration's l	board of director	s. I hereby acc	cept the appo	ointment as r	egistered
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change w	vas autnori	rizea ov	tne cort	ocration's t	board of director	s. I hereby acc	ері (пе аррі	ointment as r	egistered
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CITY-ST-ZIP 14. I 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 Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS

959-771-1888

FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90019 021 ***150.00