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

	MENT # J97720 IN PATTERN, INC.	(3)			
Principal Place	of Business	Mailing Address			IN DINK BIDIL BIDIL GIDIL INDI
% 10140 VANDERBILT DRIVE % 10140 VANDERBILT DR			PRIVE		
NAPLES FL		NAPLES FL		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				10/15/1987	
2. Principal Pl	ace of Business	2a. Mailing Address	N. L.	4. FEI Number	Applied For
21		26		65-0036750	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23 City & State	,	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	- 4		10. Name and Address of New Registere	d Agent
C/O OLLIE, ST LOUIS, MACAULAY AND ZORILL 1402 MIAMI CTR 201 S BISC BLVD MIAMI FL 33130 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statute.			83 84 City	Iress (P.O. Box Number is Not Acceptable) For a submits this statement for the purpose	of changing its registered
SIGNATURE	Signiture typed or printed name of repetered agent	and title diapplicable (NO	TF: Registered Agent signature requ		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D OFFICE OF OFFICE	וווווע ניין	1.1 TITLE		Change Addition
NAME STORES ADDRESO	LUTTERLOH, GERHARD 10140 VANDERBILT DR		1.2 NAME		
STREET ADDRESS	NAPLES FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	LUTTERLOH, FRANK		2.2 NAME		
STREET ADDRESS	10140 VANDERBILT DR		2.3 STREET ADORESS		
CITY-ST-ZIP	NAPLES FL		2 4 CITY-ST-ZIP	e de la companya de	·
TITLE	D	DELETE	31 TITLE		Change Addition
NAME]	LUTTERLOH, MARCUS		3.2 NAME		
STREET ADDRESS	10140 VANDERBILT DR		3.3 STREET ADDRESS		
CiTY-ST-ZIP	NAPLES FL		3.4. City-St-ZiP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ľ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TATLE		Change Addition
NAME		•	6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		

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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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:

305-672-4350

FILED

Feb 27 1998 8:00am

Secretary of State