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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

PATMAR INVESTMENT CORP.

FILED								
Apr	10	1998	8:00am					
Se	cre	tary o	of State					

DO NOT HIDITE IN THIS ODN OF

5: : (5)	76					
Principal Place of Business Mailing Address					r stalligit dia salta sidia dilai ditti täät didit a	iffer giner minte differ filber ibill
911-913 N CE	PO BOX 1705	UMATILLA FL 32784-1705				
! UMATILLA FL 32784 ! US				US US	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					08/10/1990	<u></u>
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26				59-3023373	Not Applicable
22 Suite, Apt.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
City & Stat	bo.	City & State				Fee Required
23		28	¬ '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	<u> </u>		8. This corporation owes or has paid the	
24	25	29	30	•	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre		11		10. Name and Address of New Register	
WE	ATHERFORD, JOHN D	 -	8	Name		
	S BAY ST		8	2 Street Add	iress (P.O. Box Number is Not Acceptable)	
EUS	STIS FL 32726		L			
			8	3		
			8	City		85 Zip Code
					F	· L '
office or r agent. La	registered agent, or both, in the State arm familiar with, and accept the oblig	e of Florida. Such change was ations of, Section 607.0505, Fa	authorized b authorized b forida Statute	by the corpora es.	poration submits this statement for the purposition's board of directors. I hereby accept the a	appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NO	TE flegistered A	ent signature requi	ired when reinstaling) DAN	
12.	OFFICERS AN		13.	gorn og andre requ	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	SHERMAN, PATRICK		1.2 NAME			
STREET ADDRESS	12494 WEDGEFIELD DR		1.3 STREE	1 ADDRESS		
CITY-ST-ZIP	LEESBURG FL		1.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	1 ADDRESS		
CITY-ST-ZIP			2.4 CHY	ST-ZIP		
TITLE		☐ DELETÉ	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		}
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY	ST-ZIP		Change Addition
NAME			4.1 TITLE 4.2 NAM			Change Addition
STREET ADDRESS			. I	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		DELETE	5.1 TITLE	01 211		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			· ·	r address		
CITY - ST - ZIP			5.4 CITY-			
TITLE		DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			6.2 NAME			. —
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information cumplied u	_	6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITY	T ADDRESS	2000 - 110 070VV First Co.	Change Addition

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 - Resident Florida Statutes.