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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90132 017 \*\*\*150.00

| DOCUMENT #         | P34144°   |
|--------------------|-----------|
| 1 Corporation Name | 1 - 1 - 1 |

PATRIS, Inc.

| Principa | ı | Pla | ce | οť | Business |
|----------|---|-----|----|----|----------|

2. Principal Place of Business

Mailing Address

2a. Mailing Address

## 19 Dolphin Drive

Si. Alaustine, FL 32084

|    |      |      |     | L    | )O I | NOT | WI    | RITE | : IN | IH | S | SP | ACE |
|----|------|------|-----|------|------|-----|-------|------|------|----|---|----|-----|
| 3. | Date | Inco | гро | rate | d or | Qua | alife | d    |      |    |   |    |     |

4. FEI Number

| 21             | 26  |              |          |                     | 04-2823717 Not Applic   | able    |
|----------------|---|--------------|----------|---------------------|---|---------|
| Suite, Apt.    |   | <i>70</i>    |          |                     | 5. Certificate of Status Desired Securificate of Status Desired Fee Required        | al      |
| City & St.1    |   | FIL          | 11       | JG                  | 6. Electior Campaign Financing Trust Fund Contribution  \$5.00 Nay Be Added to Fees | 9       |
| Zip            | Count y Zíp   | Coun         | itry     |                     | 8. This corporation owes the current year Intangible                                |         |
| 24             | 25 29 3   | 0            |          |                     | Personal Property Tax.  |         |
|                | 9. Name and Address of Current Registered Agent   |              |          |                     | 10. Name and Address of New Registered Agent  |         |
|                |   |              | 81       | Name                |   | i       |
|                |   |              | 82       | Street Addres       | (P.O. Box Number is Not Acceptable)   |         |
|                |   |              | 83       |                     |   |         |
|                |   | L            | $\perp$  |                     |   |         |
|                |   |              | 84       | City                | FI_ 85 Zip Code   |         |
| office or r    | to the provisions of Sections 607.0502 and 607.1508, Florida Statutes registered agent, or both, in the State of Florida. Such change was author familiar with, and accept the obligations of, Section 607.0505, Florid | horized      | by the   |                     | tion submits this statement for the purpose of changing its register                |         |
| SIGNATURE      | Signature, typed or printed name of registered agent and title if applicable (NOTE R  | legistered A | Agent so | gnature requir 3d w | en reinstating) DATE  | -       |
| 12.            | CFFICERS AND DIRECTORS  | 13.          |          |                     | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1                                    | 12      |
| TITLE          | PRESIDENT DELETE  | 1.1 TITL     | .E       |                     | ☐ Change ☐ Ac   | dition  |
| NAME           | STANLEY V PARIS   | 1.2 NAV      | Æ        |                     |   |         |
| STREET ADDRESS | 19 Dolphin Drive  | 1.3 STR      | EETAE    | DDRESS              |   | i       |
| CITY-ST-ZiP    | ST. Accistne FL 52084   | 1.4 CITY     |          |                     |   |         |
| TITLE          | VICE President DELETE   | 2.1 TITL     |          |                     | ☐ Change ☐ Ad   | dition  |
| NAME           | PATHERINE & PATHO PORIS   | 2.2 NAN      | Æ        |                     |   |         |
| STREET ADDRESS | 19 Odphin Drive   | 2.3 STR      | EET AL   | DDRESS              |   |         |
| CITY-ST-ZIP    | ST. Augustine FL 32084  | 2.4 CIT      | Y-ST-Z   | ZIP                 |   |         |
| TITLE          | DELETE  | 3.1 TITL     |          |                     | ☐ Change ☐ Ad   | dition  |
| NAME -         |   | 3.2 NAM      | 1E       |                     |   | ļ       |
| STREET ADDRESS |   | 3.3 STR      | ÉET AD   | DDRESS              |   | -       |
| CITY-ST-ZIP    |   | 3.4. CIT     | Y-ST-Z   | ZIP :               |   | ĺ       |
| TITLE          | DELETE  | 4.1 TITL     |          |                     | ☐ Change ☐ Ad   | dition  |
| NAME           |   | 4 2 NAN      | ΜE       |                     |   | 1       |
| STREET ADDRESS |   | 4.3 STRI     | EET AD   | DDRESS              |   |         |
| CITY-ST-ZIP    |   | 4 4 CITY     | '-ST-ZI  | ]P                  |   |         |
| TITLE          | ☐ DELETE  | 5.1 TITU     |          |                     | Change Ad   | Idition |
| NAME           |   | 5.2 NAM      | ΙE       |                     |   |         |
| STREET ADDRESS |   | 5.3 STR      | EET AD   | DORESS              |   |         |
| CITY-ST-ZIP    |   | 5.4 CITY     | -ST-Z    | IP                  |   |         |
| TITLE          | ☐ DELETE  | 61 TITLE     | E        |                     | Change ] Ad   | dition  |
| NAME           |   | 6.2 NAM      | É        |                     |   | 1       |
| STREET ADDRESS |   | 6.3 STRE     | EÉTAD    | DRESS               |   |         |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in £ ection 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.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER CR DIRECTOR

904-836-00B4

CR2E034 (11/98)

Applied For