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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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1996	

DIVISION OF CORPORATIONS P94000046767 (7) DOCUMENT # THE PATRICK GROUP, INC. Principal Place of Business Maitino Address 3017 EXCHANGE CT 3017 EXCHANGE CT SUITE A SUITE A WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 3. Date Incorporated or Qualified 3a. Date of Last Report 06/20/1994 03/28/1995 2. Principal Place of Business 2a. Mailing Address 4. Et l Number Applied For 21 65-0496456 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 30 Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STUDDARD, JOHN P 82 Street Address (P.O. Box Number is Not Acceptable) 3017 EXCHANGE CT 83 SUITE A WEST PALM BEACH FL 33409 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DA*t Signature: typical or printed hame of recistered agent and title if agriduable (NOTE: Registered Agent signature required when revisitating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1. 1 Table NAME STUDDARD, JOHN P 1.2 NAME 3017 EXCHANGE CT SUITE A STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33409 CITY - ST - ZIP 14 CITY-ST-ZIP THEF DELETE Change 2.1 DRF Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY - ST- ZIP 2.4 CITY- \$7 - 7IP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if the composition 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 1 chment with an address

SIGNATURE:

JOHN P. STLOGARD, PRESIDENT

CR2E034 (12/95)