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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State 1998 DIVISION OF CORPORATIONS P94000054524 (1) DOCUMENT # PATRICIA STEPHENS, INC. Principal Place of Business Mailing Address 1000 SPANISH RIVER RD. 1000 SPANISH RIVER RD DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Date Incorporated or Qualified 07/22/1994 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26/121 HOLLAND DrIVE 65-0512958 IRI HOLLAND ORIVE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible USA Yes □ No Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent B1 Name STEPHENS, PATRICIA 100 NW 28TH STREET - BLDG A 82 Street Address (P.O. Box Number is Not Aceptable **BOCA RATON FL 33431** DANISH KIVER Zip Code 33432 84 RATON FL 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. I hereby accept the appointment as registered agent. Lam familiar with employed accept the obligations of, Section 607.0505, Florida Statutes. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE STEPHENS, PATRICIA NAME 12 NAME 100 NW 28TH STREET BLDG A STREET ADDRESS 1.3 STREET ADDRESS 33432 FLORIDA **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIF

14. I hereby certify that the information supplied with this filling 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 supplier ontal 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 automient with an address.

SIGNATURE

FILED

Mar 03 1998 8:00am