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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000029832 (8)

SANDY PATTERSON, INC.

**FILED** May 06 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address  |  |   |                       |                    |                  | i radiradi sia rasia sesse adili aksul Adili Adili   | MAIN IRIN) ININS                | inia ten 1685 |  |
|--|--|---|-----------------------|--------------------|------------------|--|---------------------------------|---------------|--|
| 2111 VIA FUI<br>VERO BEACH   |  | 2111 VIA FUENTES<br>VERO BEACH FL 32963 |                       |                    |                  | DO NOT WRITE IN TH   | IS SPACE                        |               |  |
|  |  |   |                       |                    |                  | 3. Date Incorporated or Qualified  |                                 |               |  |
|  |  |   |                       |                    |                  | 04/01/1996   |                                 |               |  |
|  | Place of Business                                  | 2a. Mailing Address                     |                       |                    |                  | 4. FEI Number  | <b> </b>                        | pplied For    |  |
| 21 Suite, Apt  | # oto  | 26]                                     |                       |                    |                  | 65-0702006   |                                 | ot Applicable |  |
| 22   |  | Suite, Apt. #, etc.                     |                       |                    |                  | 5. Certificate of Status Desired   | d S8.75 Additional Fee Required |               |  |
| City & Stat  | e  | Cily & State                            |                       |                    |                  | 6. Election Campaign Financing   |                                 | Мау Ве        |  |
| 23   |  | 28                                      |                       |                    |                  | Trust Fund Contribution  |                                 | to Fees       |  |
| Zip  | hen hen hen  |   | $\vdash$              | Country            |                  | 8. This corporation owes or has paid the   |                                 |               |  |
| 24   | 25<br>9. Name and Address of Currer                | 29                                      | 30                    |                    |                  | Personal Property Tax due June 30.  10. Name and Address of New Registers  |                                 | _] No         |  |
|  |  | it negistered Agent                     |                       | 81                 | Name             | 10. Name and Address of New Hegisters  | o Agent                         |               |  |
|  | ATTERSON, SANDRA S                                 |   |                       |                    | Harrio           |  |                                 |               |  |
|  | 11 VIA FUENTES<br>PRO BEACH FL 32963               |   |                       | 82                 | Street Ad        | dress (P.O. Box Number is Not Acceptable)  |                                 |               |  |
| VC.  | HO DEACH FL 32903                                  |   |                       | 83                 |                  |  |                                 |               |  |
|  |  |   |                       | 84                 | City             | F  | <b>65</b> 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 agont, 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |  |   |                       |                    |                  |  |                                 |               |  |
| SIGNATURE  |  | ·                                       |                       |                    |                  |  |                                 |               |  |
| · · · · · · · · · · · · · · · · · · ·  | Signature, typed or printed name of registered age |   |                       | d Age              | nt signature red | quired when reinstating) DATE  |                                 |               |  |
| 12.  | OFFICERS AN  | - M - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | 13.                   |                    |                  | ADDITIONS/CHANGES TO OFFICERS A  |                                 |               |  |
| TIFLE  | CPD  | ☐ DELETE                                | DELETE 1.1 T          |                    |                  |  | ☐ Change                        | Addition      |  |
| NAME   | PATTERSON, SANDRA S                                |   |                       | 1.2 NAME           |                  |  |                                 |               |  |
| STREET ADDRESS   | 2111 VIA FUENTES                                   |   | 1.3 STREET ADDRESS    |                    | ADDRESS          |  |                                 |               |  |
| CITY - ST - ZIP  | VERO BEACH FL 32963                                | T on the                                | 1.4 CITY-ST-ZIP       |                    | I-ZIP            | 1 - Later La |                                 |               |  |
| TITLE  | STD DADAGE DODAFEY C                               | ☐ DELETE                                | 2.1 TITLE             |                    |                  |  | ☐ Change                        | Addition      |  |
| NAME   | PARADISE, RODNEY C<br>2111 VIA FUENTES             |   |                       | 2.2 NAME           |                  |  |                                 |               |  |
| STREET ADDRESS   | VERO BEACH FL 32983                                |   | 2.3 STREET ADORESS    |                    |                  |  |                                 |               |  |
| CITY-ST-ZIP  | TENU DENUN FL 32903                                | ☐ DELETE                                | 2. 4 CITY-ST-ZIP      |                    | T-ZIP            |  | Change                          | Addition      |  |
| TITLE<br>NAME  |  |   | 3.1 TITLE<br>3.2 NAME |                    |                  |  | L Change                        | Addition      |  |
|  |  |   |                       |                    | 1000000          |  |                                 |               |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |   |                       | 3 3 STREET ADDRESS |                  |  |                                 |               |  |
| TITLE  |  |   |                       | 3.4. CITY-ST-ZIP   |                  | ***************************************  | Change                          | Addition      |  |
| NAME   |  | Lad Dette (C                            | 4 2 NA                |                    |                  |  | C. Orientic                     |               |  |
| STREET ADDRESS   |  |   |                       |                    | ADDRESS          |  |                                 |               |  |
| CITY+ST-ZIP  |  | •                                       | 4401                  |                    |                  |  |                                 |               |  |
| TITLE  | <del></del>  | ☐ DELETE                                | 51 TII                |                    |                  | · · · · · · · · · · · · · · · · · · ·  | Change                          | ☐ Addition    |  |
| NAME   |  |   | 5 2 NA                | ME                 |                  |  | _                               |               |  |
| STREET ADDRESS   |  |   |                       |                    | ADDRESS          |  |                                 |               |  |
| CITY-ST-ZIP  |  |   | 5400                  | 1Y-S1              | r-ZIP            |  |                                 |               |  |
| TITLE  |  | DELETE                                  | 61 Til                |                    |                  |  | Change                          | Addition      |  |
| NAME   |  |   | 6.2 NA                | ME                 |                  |  | -                               | İ             |  |
| STREET ADDRESS   |  |   | 6381                  | AEET A             | ADDRESS          | 1  |                                 |               |  |
| CITY-ST-ZIP  |  |   | 6.4 Cf                |                    |                  |  |                                 |               |  |
|  | certify that the information supplied w            | th this films does not qualify:         |                       |                    |                  | in Section 119 07(3)(i) Florida Statutes Truther   | cartify that the                | information   |  |

indicated on this annual report or suppliemental annual report is frue 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, of on an attachment with an address.