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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P96000048289 (8)

PETRIE PARTNERS, INC.

Principal Place of Business Mailing Address

FILED Mar 23 1998 8:00am Secretary of State



4500 WOODLOT COURT P O BOX 618663 ORLANDO FL 32835 ORLANDO FL 32861 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/03/1996 2. Principal Place of Business 2n. Mailing Address 4. FEL Number Applied For 21 59-3388207 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žip Country 8. This corporation owes or has paid the current year Intangible 24 X Yes 25 Personal Property Tax due June 30. □ No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HEALY, PATRICK F 700 S BABCOCK ST, SUITE 400 Street Address (P.O. Box Number is Not Acceptable) **MELBOURNE FL 32901** 83 84 City 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE\_Registered Agent signature required when reinstating) Signature, typicd or preded harse of registered agent and fille diapplicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1 1 TITLE Change PETRIE, CHRISTOPHER J PETRLE, CHRISTOPHER J. NAME 12 NAME CR2E034 4500 WOODLOT CT STREET ADDRESS 13 STREET ADDRESS ORLANDO FL DITY-ST-ZIF 14 CITY - ST - ZIP DELETE TITLE 21 TITLE Change Addition 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP City - St - ZiP TITLE DELETE 3.1 TITLE Change \_\_\_ Addition 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-ZiP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - S1 - ZIE TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP City-St-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). 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 there are no state through the production of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of the corpora Block 12 or Block 13 if changed, or on an attrichment with an address;

GNATURE:

**SIGNATURE:** 

407-521-7703