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Apr 21, 1999 8:00 am Secretary of State

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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**

DOCUMENT # P96000057470

1. Corporation Name

PATRICK R. CORMIER, INC.

Principal Plac	e of Business	Mailing Address								
2923 S FEDERAL HWY STE #7-11 BOYNTON BEACH FL 33435		335 SCARBOROUGH TERRACE WELLINGTON FL 33414			DO NOT WRITE IN THIS SPACE					
US						3. Date Incorporated or Qualifed 07/05/1996				
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number Applied For					
21		26				65-0708271			t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & Stat	le · ·	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	•	
Zip Country 24 25		Zip Country 30			8. This corporation owes the current year Intangible Personal Property Tax.					
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	istered A	gent	_	
001	NATED DATEDOV D			81	Name .					
335	RMIER, PATRICK R SCARBOROUGH TERRACE				Street Addre	ess (P.O. Box Number is Not Acceptable)				
WEL	LINGTON FL 33414			83	•	•				
					City		FL	85 Zip C		
office or r	registered agent, or both, in the State o am familiar with, and accept the obligation	f Florida. Such change wons of, Section 607.0505	as authorizeo , Florida Stat	d by the lutes.	e corporation	ration submits this statement for the pun's board of directors. I hereby accept t	ne appoin	tment as rec	registered gistered	
	Signature, typed or printed name of registered agent		NOTE: Registered	d Agent si	gnature required		DATE AND	D DIDECTO		1 2
12.	OFFICERS AND	DELETI	13. E 1.1 Ti		T	ADDITIONS/CHANGES TO OFFIC	JEKS AN	Change	Addition	1
TITLE	P DATED DATED OF D	L_J DECE II	1.1 I							
NAME	CORMIER, PATRICK R	سينيه دي ي						3 · · · 20 2 ·		-8
STREET ADDRESS				TREET AL						l y
CITY-ST-ZIP	WELLINGTON FL		1.40	·						2
TITLE	Detere			ITY-ST-Z	IP			☐ Change	☐ Addition	9
NAME		☐ DELETI	E . 2.1 TI	ITLE	IP		_	☐ Change	Addition	60
STREET ADDRESS		☐ DELETI	E . 2.1 TI 2.2 N	ITLE IAME				☐ Change	☐ Addition	60
CITY-ST-ZIP		☐ DELETI	E 2.1 TI 2.2 N 2.3 S	ITLE IAME TREET AL	XORESS			☐ Change	☐ Addition	600
TTILE			E 2.1 TI 2.2 N 2.3 S 2.4 C	ITLE IAME TREET AL	XORESS					600
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14. I hereby certify that the information supplied with this filing 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 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 tostee 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 organ attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP