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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000089293 (0) DOCUMENT

FILED May 19 1998 8:00am Secretary of State

PATSY'S PRIDE, INC. Principal Place of Business Mailing Address 7800 RED BOAD SUITE 203 SOUTH MIAMI FL 33143 7800 RED ROAD: SUITE 203 SOUTH MIAMI FL 33143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/30/1996 2. Principal Place of Business Mailing Address
Same FEI Number Applied For 1501 65-0703234 Venera Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. 24 25 29 . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Signature, typod or proted name of registered agest and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11700 NAME STEINBERG. ALAN W 1.2 NAME 7800 RED ROAD, SUITE 203 STREET ADDRESS 1.3 STREET ADDRESS **SOUTH MIAMI FL 33143** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 1014 Mean ALBANESE, ROBERT NAME 2.2 NAME 7800 RED ROAD, SUITE 203 STREET ADDRESS 2.3 STREET ADDRESS **SOUTH MIAM! FL 33143** CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE ___ Addition TITLE 3.1 TITLE ☐ Change ALBANESE, CAROL 3.2 NAME 7800 RED ROAD, SUITE 203 STREET ADDRESS 3.3 STREET ADDRESS **SOUTH MIAMI FL 33143** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE MASTERS, PATRICK NAME 4. 2 NAME 7800 RED ROAD, SUITE 203 STREET ADDRESS 4.3 STREET ADDRESS **SOUTH MIAMI FL 33143** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 51 TITLE NORWOOD, JOHN F NAME 5.2 NAME 7800 RED ROAD, SUITE 203 STREET ADDRESS 5.3 STREET ADDRESS **SOUTH MIAMI FL 33143** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 C(1Y - ST - ZIP 14. Thereby 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 corners had 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 fociver or tradec empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or us an illachiment with an address.

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