May 08, 1999 8:00 am Secretary of State

05-08-1999 90045 048 ***150.00

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

Mailing Address 1501 VENERA AVE

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089293

1. Corporation Name

Principal Place of Business

1501 VENERA AVE

CITY-ST-ZIP

SIGNATURE:

PATSY'S PRIDE, INC.

STE 205 CORAL GABLES FL 33146	STE 205 FI 33146 CORAL GABLES FL 33146		DO NOT WRITE IN THIS SPACE	
US	US		3. Date Incorporated or Qualifed	
- 			10/30/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0703234	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27			
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	
├ ── [─]		30	Personal Property Tax.	Yes XNo
9. Name and Address of Cu			10. Name and Address of New Registere	
J. Hand allo Address C. C.	The state of the s	81 Name	0 . 7 .	
AMERILAWYER CHARTERED		20 21 4	Lenice Zayas	
343 ALMERIA AVENUE		82 Street A	ddress (P.O. Box Number is Not Acceptable)	205
CORAL GABLES FL 33134		83	101	
		84 City	oral Cables F	L 85 Zip Code (2
11 Pursuant to the provisions of Sections 607	7 0502 and 607 1508. Florida Statute	a the chouse somed s	omorption submits this statement for the nurnose	of changing its registered
office or registered agent of both in the S	State of Plorida. Such change was au	itnorizea dy the cordui	ration's board of directors. I hereby accept the app	ointment as registered
agent. I am familiar) with, and accept the o			. 4/20	199
SIGNATURE Signature, typed or printed name of register	ed agent and title if applicable. (NOTE:	11CE Zouya Registered Agent signature red	S 4/20 Ruired when reinstating) DATE	
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE PD	☐ DELETE	1.1 TITLE		☐ Addition
NAME STEINBERG, ALAN W		12 NAME	1501 Venera Aue #205	- Jaddross
STREET ADDRESS -7800-RED ROAD, SUITE 2	03	1.3 STREET ADDRESS	1501 Venera Ave w	
CITY-ST-ZIP SOUTH MIAMI FL 33143		1.4 CITY-ST-ZIP	CORAL GABLES FL 35	>196 /
TITLE V	☐ DELETE	2.1 TITLE	•	Tachange ☐ Addition
NAME ALBANESE, ROBERT		2.2 NAME		
STREET ADDRESS 7800 RED ROAD, SUITE 2	03	2.3 STREET ADDRESS))	1
CITY-ST-ZIP SOUTH MIAM! FL 33143		2.4 CITY-ST-ZIP		
TITLE ST	☐ DELETE	3.1 TITLE		hange Addition
NAME ALBANESE, CAROL		3.2 NAME		· 1
STREET ADDRESS 7800 RED ROAD, SUITE 2	03	3.3 STREET ADDRESS	1 1	1
CITY-ST-ZIP SOUTH MIAMI FL 33143		3.4. CITY-ST-ZIP		
TITLE V	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME MASTERS, PATRICK	5 7	4, 2 NAME		1
STREET ADDRESS - 7800 RED ROAD, SUITE 2	83	4.3 STREET ADDRESS		(
CITY-ST-ZIP SOUTH MIAMI FL 33143		4.4 CITY-ST-ZIP		
TITLE V	☐ DELETE	5.1 TITLE		hange Addition
NAME NORWOOD, JOHN F		52 NAME	3.3]
STREET ADDRESS 7800 RED ROAD, SUITE 2	03	5.3 STREET ADDRESS))	/
CITY-ST-ZIP SOUTH-MIAMI FL 33143		5.4 CITY-ST-ZIP		
ITTLE	☐ DELETE	6.1 ππ.E		Change \ \ \ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY+ST-ZIP	_	

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 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 or apartiachment with an address, with all other like empowered.