## 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 # P96000097511

PATTERSON REALTY & MANAGEMENT, INC.

Principal Place of Business

Mailing Address

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90054 006 \*\*\*150.00



LAUDERHILL FL 33313			LAUDERHILL FL 33313				DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qu	alifed	-		٦	
							12/03/1996	•				
2 Principal P	Place of Business	29	2a. Mailing Address				4. FEI Number				-	
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21			26				65-0710563		<del></del>	ot Applicable	- ∫ '	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desi	ired 🖂		Additional	1	
22			7				3. Certificate of Status Desi	iled [_]	Fee Re	equired		
City & Star	te		City & State				6. Election Campaign Final	ncina —	\$5.00	May Be	7~	
23							Trust Fund Contribution			to Fees		
Zip	Country	28	Zip Country					8. This corporation owes the current year Intangible				
<b>—</b>	′		— — — —				· ·	ie current year i				
24 25 29 29 9. Name and Address of Current Registered Agent					Language Control of the Control of t				□No	4		
			stered Agent				10. Name and Address of	New Registere	d Agent		4	
		CARACI	$I \subseteq \mathcal{I}$		81	Name	•				Ì	
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4200 NW 16TH ST, SUITE 304			( <b>82</b> Stri			Street Ac	et Address (P.O. Box Number is Not Acceptable)					
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						Oity		F		code		
11. Pursuant	to the provisions of Section	ons 607 0502 and 6	07.1508. Florida Statute	s, the a	bove-	named co	progration submits this statement f	or the numose	of changing its	registered	Ť	
office or i	registered agent, or both,	in the State of Flori	da. Such change was au	thorize	d by t	he corpora	orporation submits this statement fation's board of directors. I hereby	accept the app	ointment as re	gistered		
agent. I a	m familiar with, and accep	pt the obligations of	, Section 607.0505, Flor	ida Stat	tutes.							
SIGNATURE								•	* *			
	Signature, typed or printed name of					signature requ	uired when reinstating) (fixed):	DATE			_  ։	
12.	. OF	FICERS AND DIRE		13.			ADDITIONS/CHANGES T	O OFFICERS A	AND DIRECTO	RS IN 12	] }	
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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 of 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 on an attachment with an address, with all other like empowered.

SIGNATURE: