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

**PROFIT CORPORATION** ANNUAL REPORT



## Sandra B. Mortham

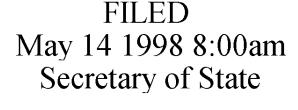
Secretary of State DIVISION OF CORPORATIONS

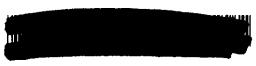
1998 DOCUMENT #

1. Corporation Name

PATTI COONS, INC.

Patti Coons + Associates International, Inc





The COMBON ROAD   CONTROL   CONTRO	Principal Place of Business Mailing Address						
2. Principal Place of Business							
B. Date Incorporator of Quellied  @ 201997  2. Principal Place of Business 21	ORLANDO FL 32835		ORLANDO FL 32835				DO NOT WRITE IN THIS SPACE
Principal Pack of Business   2a, Mailing Address   4. Fet Number   594444444444							
22. Multing Andreas 31							
Sultie. April #, etc.  City & State  City & State  Zip  Country  Zip  Zip  Country  Zip  Zip  Country  Zip  Since Address of Current Registered Agent  CONS, PATTI 7447 CONROY ROAD  ORLANDO FL 32835  Bill  Bill  Registered Agent  Tit. Pursuant to the provisions of Sepatidis 27 0:002 and 627 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered Agent  Tit. Pursuant to the provisions of Sepatidis 27 0:002 and 627 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to zolth profit year to provide the florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to zolth profit year to provide the florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to zolth profit year to provide the statute of the corporation submits this statement for the purpose of directions Thankby accept the appointment as registered agent for zolth profit year to provide the corporation submits this statement for the purpose of directions Thankby accept the appointment as registered agent for zolth profit year to provide the corporation submits this statement for the purpose of directions Thankby accept the appointment as registered agent for zolth profit year and provide the corporation submits this statement for the purpose of directions Thankby accept the appointment as registered agent for zolth profit part of zolth prof	2. Principal P	lace of Business	2a. Mailing Ac	dress			4. FEI Number Applied For
Salido. Apt. 4, etc.    Salido. Apt. 4, etc.	21		26	26			59-3468833 Not Applicable
27		#, etc.					CO 75 ******
Added to Peese   Pee	22		27	27			Fee Required
Zip   Zis	City & Stat	в	City & Sta	City & State			6. Election Campaign Financing \$5.00 May Be
24   25   26   30   Personal Property Tax due June 30   Vers   No   No   No   No   No   No   No   N	23		28				Trust Fund Contribution Added to Fees
B. Name and Address of Current Registered Agent  COORS, PATTI 7447 CONROY ROAD ORLANDO FL 32835  B2 Street Address (P.O. Box Number is Not Acceptable)  B3 B4 City FL B5 Zin Code  T1. Pursuant to the provisions of Societies D7 (2:02 and 607, 1568, Florida Statutes, the above-haired corporation's board of directors. I hereby accept the appointment as registered agent or above provisions as with a septiment of the provisions of societies and appointment as registered agent in above provisions of societies D7 (2:02 and 607, 1568, Florida Statutes, the above-haired dorporation's board of directors. I hereby accept the appointment as registered agent in above provisions as the provision of societies Statutes.  SIGNATURE SIGNATURE OF I ICH IS AND DIRE CHOIRS TIBE TORROY ROAD TORROY	<del></del>	Country	Zip				
COONS, PATTI 7447 CONROY ROAD ORLANDO FL 32835  82 Street Address (P.O. Box Number is Not Acceptable)  83 84 City FL 85 Zip Code FL 85 Zip Code FL 95 Zip Co	24				0]		
TATA CONROY ROAD ORLANDO FL 32835  82 Street Address (P.O. Box Number is Not Acceptable)  83 84 City FL 85 Zip Code  11. Pursuant to the provisions of Sociations (27 0.502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or above purpose of changing its registered agent and make with purpose of changing its registered agent and make with purpose of purpose of changing its registered agent and make with purpose of changing its registered agent and make with purpose of changing its registered agent and make with purpose of changing its registered agent and make with purpose of changing its registered agent and make with purpose of changing its registered agent and make with appointment as registered agent algorithm (appointment as registered agent algorithment and agent algorithment as a registered agent algorithm (appointment as registered agent algorithm (appointment as registered agent algorithment as a provision of the purpose of changing its registered agent algorithment as a registered agent algorithment as a registered agent algorithment as a purpose of changing its registered agent algorithment as a registered agent algorithment as a registered agent algorithment as a registered agent algorithment agent algorithment agent algorithment agent algorit			rrent Registered Agen	<u> </u>			
ORLANDO FL 32835  B3  City  FL  B3  Zip Code  T1. Pursuant to the provisions of Societis (277 D102 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered eigent. In dental or with a popular purpose of popular conditions and apport in the provisions of apport in the provisions of Societis (277 D102 and 607 1508, Florida Statutos)  Signature  Signature  OF II Registered Agent signature research when identicating (277 D102 and 607 1508, Florida Statutos)  T2.  OF II CHIS AND DIRECTORS  T3.  OF II Registered Agent signature research when identicating (277 D102 and 607 1508, Florida Statutos)  T47 CONROY ROAD  ORLANDO FL 32835  T447 CONROY ROAD  ORLANDO FL 32835  T447 CONROY ROAD  ORLANDO FL 32835  DELETE  21 TITLE  DELETE  21 TITLE  MAKE  SIREET ADDRESS  ORV-S1-ZP  TITLE  MAKE  SIREET ADDRESS  ORV-S1-ZP  TITLE  DELETE  31 TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORIS IN 12  Change Addition  Addition  Addition  Addition  Addition  MAKE  SIREET ADDRESS  ORV-S1-ZP  TITLE  DELETE  41 TITLE  DELETE  51 TITLE  Change Addition  Addition  MAKE  SIREET ADDRESS  ORV-S1-ZP  TITLE  DELETE  51 TITLE  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORIS IN 12  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORIS IN 12  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORIS IN 12  Change Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORIS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORIS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORIS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORIS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORIS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORIS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECT					181	Nam	ime
11. Pursuant to the provisions of Socialis 20/2 0:02 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. acabit, using pract of florida. Such change was authorized by the corporation's board of directors. I hareby accept the appointment as registered agent. Lam familiar with, and appoint its projection as submits this statement for the purpose of changing its registered agent. Lam familiar with, and appointment as registered agent. I am familiar with, and appointment as registered sent agent. I am familiar with, and appointment as registered sent agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent agents. I am familiar with, and appointment agent agents are patiented agent agents. I am familiar with, and applied agents agent					82	Stree	reet Address (P.O. Box Number is Not Acceptable)
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Title					83		
Title					84	City	ty 85 Zip Code
office or registered agent. Grobbit, and good in the State change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with prior designating of Specific (170,000), Horidas Statututes.  SIGNATURE  SIGNATURE  SIGNATURE  DELETE  12. OFFICE HS AND DIRIC CTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  1.11TILE  DELETE  1.11TILE  CONS, PATTI  TA47 CONROY ROAD  1.3 STREET ADDRESS  DIV-ST-2P  TITLE  NAME  SIRRET ADDRESS  CON-S1-2P  TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  Addition  Addition  Addition  Addition  DELETE  3.1 TITLE  ADDRESS  CON-S1-2P  TITLE  DELETE  3.1 TITLE  ADDRESS  DIV-S1-2P  TITLE  DELETE  3.1 TITLE  ADDRESS  DIV-S1-2P  TITLE  DELETE  4.1 TITLE  ADDRESS  DIV-S1-2P  TITLE  DELETE  5.1 TITLE  ADDRESS  DIV-S1-2P  TITLE  DELETE  5.1 TITLE  ADDRESS  DIV-S1-2P  TITLE  DELETE  5.1 TITLE  ADDRESS  COTY-S1-2P  TITLE  DELETE  5.1							<u> </u>
SIGNATURE	11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Flo	orida Statutes,	the above	e-name	med corporation submits this statement for the purpose of changing its registered
12. OF LICE HS AND DIRI CTORS  TITLE  D  COONS, PATTI 7447 CONROY ROAD ORLANDO FL 32835  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE DELETE D	agent. La	m familiar with, and according	bligations of Section 6	07.0505, Florid	da Statutes	3.	comportations board of directions. Prioropy decopy the appointment of registered
12. OF LICE HS AND DIRI CTORS  TITLE  D  COONS, PATTI 7447 CONROY ROAD ORLANDO FL 32835  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE DELETE D	SIGNATURE	111610	and of				4-27-98
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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 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.

407)2900499