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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. McCham .

Secretary of State

1998

DIVISION OF CORPORATIONS

DOCUMENT #	P97000081810 (8)
A SPICE IN LIFET	RAVEL WITH PATTI CARDOZO INC.
Principal Place of Business	Mailing Address

FILED Mar 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							1 UU 1	OIAN AGON BORING	Bill Safil Bâla) (All	/I EXBUR IUI		6811 (00)		
8512 SE QUAIL RIDGE WAY HOBE SOUND FL 33455			8512 SE QUAIL RIDGE WAY HOBE SOUND FL 33455					DO NOT V	VRITE IN THIS	SPACE				
								3	3. Date Incorpor	ated or Qual	ified			
								┵	09/19/199	7				
	lace of Business	├ ──	Mailing Address					4	1. FEI Number	2000	0-			olied For
Suite, Apt.	# alo	26	Suite, Apt. #, etc.					-\-	65-0	1888	7)	<u> </u>		Applicable
22	#, 0 10.	27	Suite, Apr. #, etc.					5	5. Certificate of	Status Desire	ed 🗆			dditional guired
City & State	9	- -	City & State						B. Election Camp	neign Financi	ino			May Be
23		28	·					ľ	Trust Fund Co	-	···• 🗆			Fees
Zip	Country		Zip		Country	y		8	B. This corporati	on owes or h	as paid the cu	rrent yea	ar Inte	ngible
24	25	29		30					Personal Prop			Yes		No
	9. Name and Address of Currer	it Regis	tered Agent		81	7		10	o. Name and Ad	dress of Ne	w Registered	Agent		
	DLFE, LARRY				°'	"	lame	1/g	stricia	Card	cao			
	-A JOHN KNOX ROAD				82	S			(P.O. Box Numb					
TAL	LAHASSEE FL 32303-6643				B3	-		5/2	2 SE C	DUQII_	Kidge 6	<u>way</u>		
	•				L									
					84	C	ity LL	1	Same	/	FL	85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 6	07.1508, Florida Stat	tutes, the	yods e	e-na	amed cord	poratio	ion submits this	statement for		t changi	no its	realstered
office or re	egistered agent, or both, in the State manifer with, and accept the obligations.	of Florid	da. Such change was	s author	ized by	v the	e corporat	tion's	board of directo	ors. I hereby	accept the app	ointmen	ıt as rı	egistered
	Bothing and	~ /	21200	10100	natuto	٥.					3/2	100		
SIGNATURE	Skinature, typed or printed name of registered age	int and tills	Languagoie (NK	IOTE: Regis	lored Age	ent si	ignature requi	ired whe	en reinstating)		DATE	18		
12.	OFFICERS AN	D DIREC		1	3.				ADDITIONS/CH	IANGES TO	OFFICERS AND			
TITLE	D		☐ DELETE		1 TITLE							Char	nge	Addition
NAME	CARDOZA PATRICIA A				2 NAME									
STREET ADDRESS	8512 SE QUAIL RIDGE WAY				3 STREET		- 1							
CiTY-ST-ZIP	HOBE SOUND FL 33455		DELETE		4 CITY-S	ST-ZI	P					Char	nga	Addition
TITLE NAME	CADDOZ O TUDNAS D			- 1	1 TITLE 2 NAME		- 1						ige	Addition
STREET ADDRESS	CARDOZAP THOMAS R 8512 SE QUAIL RIDGE WAY				2 IIAML 3 STREET	T ADD	DEGG							
CITY-ST-ZIP	HOBE SOUND FL 33455				4 City-S		- 1							
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STREET ADDRESS				3.	3 STREET	T ADD	RESS							
CITY-ST-ZIP			<u></u>	3.	4. CITY - 8	ST-Z	IP .	_						
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NAME				4.	2 NAME									
STREET ADDRESS				4.	3 STREET	[ADD	RESS							
CITY-ST-ZIP			DECETE		4 CITY - S	ST - ZH	P			·		Cha		Addition
TITLE			DELETE		1 TITLE							∐ Char	ige	
NAME					2 NAME									
STREET ADDRESS					3 STREET									
CITY-ST-ZIP TITLE			DELETE		4 CITY-S 1 TITLE	51 - ZII	-					Char	nge	Addition
NAME					2 NAME		- 1							
STREET ADDRESS					3 STREET	ADD	RESS			•				
CITY-ST-ZIP					4 CITY-S		i i							
14. I hereby c	ertify that the information supplied w	ith this fi	ling does not qualify	for the	exemp	tion	stated in	Secti	ion 119.07(3)(i).	Florida Statu	tes. I further ce	rtify that	the in	nformation
officer or r	on this annual report or supplementa director of the corporation or the rece or Block 13 if changed, or on an atlac	eiver or t	rustee empowered to											

3/3/98 (54) 546-3728