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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # S12744

(6)

PATTERSON INVESTMENTS, INC.

Principal Place POST OFFICE PORT ST. LUC	BOX 8296	Mailing Address POST OFFICE BOX 8296 PORT ST. LUCIE FL 34985-8296					
					3. Date Incorporated or Qualified 11/13/1990	3a. Date of Last 06/12/1996	Report
2. Principa: Place of Business 2a. Mailing Ar			Address		4. FEI Number 65-0230111	A	Applied For
Suite, Apt	H, etc.	Suite, Apt. #, etc.			Certificate of Status Desired	□ \$8.75	Not Applicable Additional
22		27 City 9 Ctoto	City & State		******	Fee F	Required
City & Star	τ.	28			Election Campaign Financing     Trust Fund Contribution		0 May Se d to Fees
Zq.	Country	Zip	Country	у	8. This corporation has liability for		s. 199.032,
24	25 9. Name and Address of Curren	29   It Registered Agent	30		Florida Statutes  10. Name and Address of New Re	Yes No	<u></u>
PAT	TERSON, NARCISO		81	Name		<u> </u>	
671 SW MCCOMB AVE.			82	Street Add	fress (P.O. Box Number is Not Acceptat	ole)	
POF	RT ST. LUCIE FL 34953		83	1		-	
			64	City		FL 85 Zir	o Code
agent La	m familiar with, and accept the obligation is specified by the obligation of the obl	ations of, Section 607,0505, I	-IOFICIA STATUTE	<b>15</b> .	poration submits this statement for the pation's board of directors. I hereby acception when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D PATTERSON, NARCISO	DELETE 1.1 T				L_] Change	Addition
NAME STREET ADORESS	671 SW MCCOMB AVE.		1.2 NAME	T ADDRESS			
CITY: ST-ZIP	PT. ST. LUCIE FL		1.4 CITY -		<u> </u>		
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition
NAME	PATTERSON, ADA 671 SW MCCOMB AVE.		2.2 NAME				
SUPEL L'ADORESS	PT. ST. LUCIE FL		2.3 STREE 2.4 Dity	T ADDRESS	•		
CHY ST-ZE TITLE	VP VP	☐ DELETE	3.1 TITLE	- 51-217		Change	e Addition
NAME	PATTERSON, ROBERT W		3 2 NAME				
STREET ACORESS	1817 PELHAM STREET		3 3 STREE	T ADDRESS			
Dity S1-7-5	ELMONT NY	[] britti	3.4. C/TY			Change	Addition
Totale Notation		L_J DELETE	4.1 TITLE 4.2 NAMI	1		Change	E] Addition
NAME STREET ADDRESS			4.3 STREET ADORESS				
CITY S1-ZiP			4.4 CITY-				
1/1,F		DELETE 5.17				☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CCTY - ST - 702 THEE		DELETE	5.4 CITY- 6.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	e Addition
NAME			6.2 NAME				
STREET AODRESS				ET ADDRESS			

14. Lob horeby 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 Lam an officer or prector 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 alachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97 561/336-9439 Date Daytime Prione #

**FILED** 

Apr 16 1997 8:00am

Secretary of State

CR2E034 (9/9