

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S12744  
1. Corporation Name

(6)

PATTERSON INVESTMENTS, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 8296  
PORT ST. LUCIE FL 34985

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PORT ST. LUCIE FL 34985

FILED

98 AUG 13 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1990

4. FEI Number

65-0230111

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

PATTERSON, NARCISO  
671 SW MCCOMB AVE.  
PORT ST. LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PATTERSON, NARCISO	
STREET ADDRESS	671 SW MCCOMB AVE.	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PATTERSON, ADA	
STREET ADDRESS	671 SW MCCOMB AVE.	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PATTERSON, ROBERT W	
STREET ADDRESS	1817 PELHAM STREET	
CITY-ST-ZIP	ELMONT NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

700002618957-4  
-08/18/98--01050--015  
\*\*\*\*150.00 \*\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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.

SIGNATURE:

SIGNATURE REQUIRED

Narciso Patterson 7/1/98 336-9439

0107031

CR2E034 (5/98)

NEW YORK CITY  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Certificate No.

156-98-011963

MAR 8 5 58 PM '98

1. NAME OF  
DECEASED

ADA

PATTERSON

(Type or Print)

(First Name)

(Middle Name)

(Last Name)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)

2. PLACE OF DEATH	2. NEW YORK CITY 2a. BOROUGH MANHATTAN	2b. Name of hospital or other facility (if not facility, street address) MEMORIAL HOSPITAL	2c. If in hospital or other facility 1 <input type="checkbox"/> DOA 3 <input type="checkbox"/> Outpatient 2 <input type="checkbox"/> Emerg. 4 <input checked="" type="checkbox"/> Inpatient	2d. If inpatient, date of current admission Month Day Year 12 30 97
3a. Date and Hour of Death (Month) (Day) (Year) MARCH 8 1998	3b. HOUR 1:33	4. SEX FEMALE	5. APPROXIMATE AGE 59 YEARS	

6. I HEREBY CERTIFY THAT: (Check One)

☐ I attended the deceased

☒ A staff physician of this institution attended the deceased

☐ Dr. \_\_\_\_\_

attended the deceased

from DECEMBER 30 19 97 to MARCH 8 19 98 and last saw her alive at 1:33A M  
on MARCH 8 19 98

I further certify that traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See first instruction on reverse of certificate.

Witness my hand this 8TH day of MARCH 19 98 Signature

Akanksha Sharma

D.O.  
M.D.

Name of Physician AKANKSHA SHARMA  
(Type or Print)

Address 1275 YORK AVENUE NY NY 10021

License No. \_\_\_\_\_

PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician)

7. Usual Residence a. State FLORIDA	7b. County ST. LUCIE	7c. City, Town, or Location PORT ST. LUCIE	7d. Street & House No. 671 S.W. McComb Ave.	Zip 34953	7e. Inside City Limits of 7c <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Served in U.S. Armed Forces No Yes Specify years 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> From To	9. Marital Status (Check One) 1 <input type="checkbox"/> Never Married 2 <input type="checkbox"/> Widowed 3 <input checked="" type="checkbox"/> Married or separated 4 <input type="checkbox"/> Divorced	10. Name of Surviving Spouse (If wife, give maiden name) NARCISO PATTERSON			
11. Date of birth (Month) (Day) (Year) JUNE 2 1938	12. Age at last birthday 59	If under 1 Year mos. days hours mins.	If less than 1 Day hours mins.	13. Social Security No. 106-30-8812	
14a. Usual Occupation (Kind of work done during most of working lifetime. Do not enter retired) NURSE			14b. Kind of business or industry MEDICAL		
15. Birthplace (City & State or Foreign Country) REVEREND NEW YORK	16. Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 4	17. Other name(s) by which decedent was known			
18. NAME OF FATHER OF DECEDENT ROBERT BROWN			19. MAIDEN NAME OF MOTHER OF DECEDENT ROSIE		
20a. NAME OF INFORMANT NARCISO PATTERSON	20b. RELATIONSHIP TO DECEASED HUSBAND	20c. ADDRESS (CITY) (STATE) (ZIP) 671 S.W. McComb Ave. PORT ST. LUCIE, FL. 34953			
21a. NAME OF CEMETERY OR CREMATORY FORT PIERCE CREMATORY	21b. LOCATION (City, Town, State and Country) FORT PIERCE, FLORIDA	21c. DATE OF BURIAL OR CREMATION 3-14-1998			
22a. FUNERAL ESTABLISHMENT YATES Funeral Home		22b. ADDRESS P.O. Box 777 Ft. Pierce, FL. 34954			

VR15 (1/94) VITAL RECORDS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

DEATH TRANSCRIPT

STEVEN P. SCHWARTZ  
CITY REGISTRAR



Do Not accept this transcript unless it bears the raised seal of the Department of Health. The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.

VITAL RECORDS

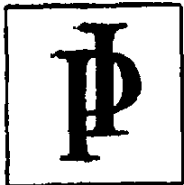
DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

DATE ISSUED

MAR 8, 1998

DOCUMENT NO. D617997



## PATTERSON INVESTMENTS, INC.

P. O. Box 8296  
Port Saint Lucie, Florida 34985  
561 336-9439 }

Florida Department of State  
Division of Corporation

August 3, 1998  
Ref # S12744

Secretary of State,

I had written a letter to your office advising you of the fact that I did not receive a statement from your office. I am forwarding to you a copy of my wife's death certificate, in the hope that this is proof enough of my absence from the state of Florida. I had taken care of all of the letters that were forwarded to us up in New York, but there was no correspondence from your office until we received the second notice. I then spoke with someone in your office who advised me to draft a letter explaining what happened and send it off, and that's what I did.

Thank you

Narciso Patterson  
Narciso Patterson