

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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V66527** (5)
1. Corporation Name
PATRICK CURRIE FERNERIES, INC.



Principal Place of Business 151 CURRIE RD. SAN MATEO FL 32187 US	Mailing Address P. O. BOX 976 SAN MATEO FL 32187 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 151 CURRIE RD. Suite, Apt. #, etc. 22 SAN MATEO FL 32187 City & State 23 US Zip Country 24 32187 25 US		2a. Mailing Address 26 6919 Sea Place Avenue Suite, Apt. #, etc. 27 ST AUGUSTINE FL City & State 28 32086 29 USA Zip Country 30 USA		3. Date Incorporated or Qualified 09/21/1992	4. FEI Number 59-3151385 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CURRIE, PATRICK F. 6919 SEA PLACE AVE. ST AUGUSTINE FL 32086		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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CURRIE, PATRICK F.	1.2 NAME	
STREET ADDRESS	6919 SEA PLACE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	FRANCE, JOSEPH M.	2.2 NAME	
STREET ADDRESS	1323 OAK FOREST DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	CURRIE, ALLYSON B	3.2 NAME	
STREET ADDRESS	6919 SEA PLACE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BOYLES, SARA J.	4.2 NAME	
STREET ADDRESS	RT 1 BOX 136	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

Patrick Currie

1/28/98 904 794 4052

CR2E034 (10/97)