FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:23

DOCUMENT # 450953 (5)

1. Corporation Name
KLINE'S PATIO SHOP, INC.

Principal Place of Business	Mailing Address
2275 S. FEDERAL HWY., SUITE 200 DELRAY BEACH FL 33483	2275 S. FEDERAL HWY., SUITE 200 DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/24/1974
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24
Country 25
Zip 29
Country 30

4. FEI Number: 59-1529391 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KLINE, RICHARD F.
~~3821 LOWSON BLVD.~~
~~DELRAY BEACH FL 33445~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3440 Laurel Wood Lane
83
84 City Delray Bch. FL 85 Zip Code 33445

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	KLINE,F. RICHARD	1.2 NAME		
STREET ADDRESS	~~3821 LOWSON BLVD.~~	1.3 STREET ADDRESS	3990 Laurel Wood Lane	
CITY-ST-ZIP	DELRAY BCH. FL	1.4 CITY-ST-ZIP	Delray Bch FL 33445	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	KLINE, RICHARD ALLEN	2.2 NAME		
STREET ADDRESS	226 SW 13TH AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	KLINE,DORIS JYLENE	3.2 NAME		
STREET ADDRESS	~~8821 LAWSON BLVD.~~	3.3 STREET ADDRESS	3990 Laurel Wood Lane	
CITY-ST-ZIP	DELRAY BCH. FL	3.4 CITY-ST-ZIP	Delray Bch FL 33445	
TITLE	ST	4.1 TITLE		☒ Change ☐ Addition
NAME	KLINE,DORIS JYLENE	4.2 NAME		
STREET ADDRESS	~~3821 LOWSON BLVD.~~	4.3 STREET ADDRESS	3990 Laurel Wood Lane	
CITY-ST-ZIP	DELRAY BCH. FL	4.4 CITY-ST-ZIP	Delray Bch, FL 33445	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: X Richard A Kline V.P.X 1-15-95 278-8551
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0276016 CP