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

APPROVED
AND
FILED

95 MAR -6 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 677393 (1)

1. Corporation Name
PROFESSIONAL PATIOS, INC.

Principal Place of Business	Mailing Address
591 NW 65TH AVE. PLANTATION FL 33317	591 NW 65TH AVE. PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 941 N. STATE Rd 7	2a. Mailing Address 26 941 N. STATE Rd 7	3. Date Incorporated or Qualified 07/02/1980	3a. Date of Last Report 04/19/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2005032	☐ Applied For ☐ Not Applicable
City & State 23 PLANTATION FL.	City & State 28 PLANTATION FL.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 33317 / 25	Zip / Country 29 33317 / 30	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	10. Name and Address of New Registered Agent
BOND, ART 591 NW 65TH AVE. PLANTATION FL 33317	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 941 N. STATE Rd 7 83 84 City PLANTATION FL 85 Zip Code 33317

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	P	1.1 TITLE	☒ Change ☐ Addition
NAME	BOND, ARTHUR	1.2 NAME	
STREET ADDRESS	591 NW 65TH AVE.	1.3 STREET ADDRESS	941 N. STATE Rd 7
CITY-ST-ZIP	PLANTATION, FL 00000	1.4 CITY-ST-ZIP	PLANTATION FL. 33317
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	BOND, DAVID	2.2 NAME	
STREET ADDRESS	9940 NW 5 CT	2.3 STREET ADDRESS	941 N. STATE Rd 7
CITY-ST-ZIP	PLANTATION, FL 00000	2.4 CITY-ST-ZIP	PLANTATION FL. 33317
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	BOND, DEBBIE	3.2 NAME	
STREET ADDRESS	591 NW 65TH AVE.	3.3 STREET ADDRESS	941 N. STATE Rd 7
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	PLANTATION FL. 33317
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	BOND, JAMES	4.2 NAME	
STREET ADDRESS	581 N.W. 65TH AVE.	4.3 STREET ADDRESS	941 N. STATE Rd 7
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	PLANTATION FL. 33317
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 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: Paul Bond 2-2-95 792-0026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0227730 CP