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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J10518

(5)

PATIO GALLERY, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

3500 45TH STREET WEST PALM BCH. FL 33407

2. Principal Place of Business

Suite, Apt. #, etc.

21

3500 45TH STREET WEST PALM BCH. FL 33407

FILED Feb 25 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

 Date Incorporated or Qualified 04/22/1986

59-2667037

5. Certificate of Status Desired

4. FEI Number

City & State Ci			City & State			6. Election Campaign Financing \$5.00 May Be	
23						Trust Fund Contribution Added to Fees	
Zıp	Country	Zip	— —	ountry		8. This corporation owes or has paid the current year Intangible	
24	25 29 30		Personal Property Tax due June 30. Yes No				
g. Name and Address of Current Registered Agent					10, Name and Address of New Registered Agent		
WILLIAM CITTADINO				6"	Name		
1488 GRATHAM				82	82 Street Address (P.O. Box Number is Not Acceptable)		
				20			
				83			
				84 City FL 85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-nar						oration 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 AN		1:	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DELETE		J DELETE 1,	1,1 TITLE		☐ Change ☐ Addition	
NAME				1.2 NAME			
STREET ADDRESS				STREET	ADDRESS		
CITY-ST-ZIP	W PALM BCH FL			CITY-S	Γ- ZiP		
TITLE			DELETE 2:	TITLE	•	Change Addition	
NAME			2.2	NAME			
STREET ADDRESS			2.3	STREET	ADDRESS		
CITY-ST-ZIP				4 CITY-S	T-21P		
TITLE			DELETE 3.1	TITLE		Change Addition	
NAME			3.2	NAME			
STREET ADDRESS			3.3	STREET.	ADDRESS		
CITY-ST-ZIP				. CITY-S	T-ZIP		
TITLE			DELETE 4.1	TITLE		Change Addition	
NAME			4.	2 NAME	ŀ		
STREET ADDRESS			4.3	STREET	ADDRESS	İ	
CFTY-ST-ZIP				CITY-S1	r-zip		
TITLE			DELETE 5.1	TITLE		☐ Change ☐ Addition	
NAME			5.2	NAME			
STREET ADDRESS			5.3	STAEET	ADDRESS		
CITY-ST-ZIP	<u> </u>		5.4	CITY-ST	- Z IP		
TITLE			DELETE 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 c	certify that the information supplied w	ith this filing does i	not qualify for the e	xempt	ion stated in S	Section 119.07(3)(i), Florida Statutes, Lifurther certify that the information	

indicated on this annual report or supplied with this nimy does not quality for the exemption stated in Section 119.07(3)(). Florida Statutes, 110/finer 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.

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