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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 FEB -9 AM 10:19

DOCUMENT # J98758 (2)

1. Corporation Name
BROOKS PATIO FURNITURE SPECIALISTS, INC.

Principal Place of Business	Mailing Address
9775 SOUTH DIXIE HWY MIAMI FL 33156	9775 SOUTH DIXIE HWY MIAMI FL 33156

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/26/1987
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): 7911 NW 54 ST.
Suite, Apt. #, etc. (27): Miami Fl.
City & State (28): 33166 DADE
Zip (29): Country (30):

4. FEI Number: 59-2858273 ☐ 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

BROOKS, MARK
12344 SOUTHWEST 112TH TERRACE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: Mark Brooks
82 Street Address (P.O. Box Number is Not Acceptable): 9965 Marlin Road
83: Miami
84 City: FL 85 Zip Code: 33156

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 _____
Required, if 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	PST	11 TITLE	PST ☐ Change ☒ Address ☐ Addition
NAME	BROOKS, MARK	12 NAME	Brooks, Mark
STREET ADDRESS	12344 SW 112 TERRACE	13 STREET ADDRESS	9965 Marlin Road
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami Fl. 33156
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	BROOKS, DEBRA	22 NAME	
STREET ADDRESS	14601 S.W. 76TH AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	BROOKS, RHODA	32 NAME	
STREET ADDRESS	10370 S.W. 115TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Rhoda Brooks Rhoda Brooks 2/1/95 305-591-8221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0107035 CP