

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:45

DOCUMENT # P93000070631 (5)

1. Corporation Name

CARL'S PATIO, INC.

Principal Place of Business

11940 N US HWY 1
NORTH PALM BEACH FL 33408

Mailing Address

CARL'S FURNITURE, INC.
6650 N. FEDERAL HWY
BOCA RATON FL 33487
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/12/1993

3a. Date of Last Report

02/07/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

34-1753884

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

KENNEDY, BENJAMIN S ESQ
C/O SACHS & SAX, P.A.
301 YAMATO ROAD, SUITE 4150
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Boca Raton

FL

85 Zip Code

33432

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 resigning)

DATE

3/22/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ECOFF, GARY
STREET ADDRESS	6650 NO FEDERAL HWY
CITY - ST - ZIP	BOCA RATON FL
TITLE	V
NAME	DRAGIN, ROBERT
STREET ADDRESS	6650 NO FEDERAL HWY
CITY - ST - ZIP	BOCA RATON FL
TITLE	S
NAME	BAKER, MYRON
STREET ADDRESS	6650 NO FEDERAL HWY
CITY - ST - ZIP	BOCA RATON FL
TITLE	S
NAME	BAKER, JEFF
STREET ADDRESS	6650 NO FEDERAL HWY
CITY - ST - ZIP	BOCA RATON FL
TITLE	T
NAME	FRIEDMAN, FRED
STREET ADDRESS	6650 NO FEDERAL HWY
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.20.95

402.994.8111