

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

FILED
Mar 24 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

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

| | | | | | |
|--------------------------------|-----------------------|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/12/1993 | |
| 21 Suite, Apt #, etc. | 26 Suite, Apt #, etc. | 4. FEI Number 34-1753884 | | Applied For Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 29 Country | 30 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|--|---|----------------|
| 9. Name and Address of Current Registered Agent KENNEDY, BENJAMIN 1356 THATCH PALM DRIVE 301 YAMATO ROAD, SUITE 4150 BOCA RATON FL 33432 | | 10. Name and Address of New Registered Agent | |
| | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | FL 85 Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ECOFF, GARY | 1.2 NAME | |
| STREET ADDRESS | 6650 NO FEDERAL HWY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DRAGIN, ROBERT | 2.2 NAME | |
| STREET ADDRESS | 6650 NO FEDERAL HWY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAKER, MYRON | 3.2 NAME | |
| STREET ADDRESS | 6650 NO FEDERAL HWY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 3.4 CITY-ST-ZIP | |
| TITLE | S | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAKER, JEFF | 4.2 NAME | |
| STREET ADDRESS | 6650 NO FEDERAL HWY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 4.4 CITY-ST-ZIP | |
| TITLE | T | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRIEDMAN, FRED | 5.2 NAME | |
| STREET ADDRESS | 6650 NO FEDERAL HWY | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 reports 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 my last report with my address.

SIGNATURE: _____

SIGNATURE AND TITLE OF REGISTERED AGENT OR SIGNING OFFICER

Gary Ecoff

3-16-98

561-994-8111

CR2E034 (10/97)