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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000047617

SUNCOAST PATIO, INC.

			•		
Principal Place	of Business	Mailing Address			98(1) 4(2), (48(8 #(12) 1/4), (48) 123·
11621 CLEVELAND AVENUE		11621 CLEVELAND AVE		·	
FORT MYERS FL 33907		FORT MYERS FL 33907	1	DO NOT WOITE IN	THE COADE
		' '		DO NOT WRITE IN	THIS SPACE
		\)	3. Date Incorporated or Qualifed 06/15/1995	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21			HOMAS ROA	<i>₽</i> 65-0582475	Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27 ₽			Fee Required
City & State	•	City & State	C00	6. Election Campaign Financing	\$5.00 May Be
23		28 FORT MY		Trust Fund Contribution	Added to Fees
Zip	Country	Zip C	Country 30 33912	8. This corporation owes the current year	
24	25	29 1	30 33912	Personal Property Tax.	Yes □No
<u> </u>	9. Name and Address of Curr	rent Registered Agent	81 Name	10. Name and Address of New Registe	rea Agent
VARS	SHNEY, PRAKASH C		Name		
	THOMAS ROAD		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
1	AYERS FL				
, , , , ,	TENOTE		83		
			84 City		85 Zip Code
			1 1 '		FL S Z S S S S S S S S
					
11. Pursuant t	o the provisions of Sections 607.0	502 and 607.1508, Florida Sta	atutes, the above-named corp	poration submits this statement for the purpos	se of changing its registered
office or re	o the provisions of Sections 607.0 egistered agent, or both, in the Stat in familiar with, and accept the obli	ite of Florida. Such change wa:	s authorized by the corporati		se of changing its registered appointment as registered
office or re agent. I an	egistered agent, or both, in the Stat	ite of Florida. Such change wa:	s authorized by the corporati	poration submits this statement for the purpos	se of changing its registered ppointment as registered
office or re agent. I an SIGNATURE	egistered agent, or both, in the Stat n familiar with, and accept the oblig Signature, typed or printed name of registered a	te of Florida. Such change was igations of, Section 607.0505, I	s authorized by the corporati Florida Statutes. OTE: Registered Agent signature require	poration submits this statement for the purposion's board of directors. I hereby accept the a	ppointment as registered
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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 supplementa/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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

941-267-8300