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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthype

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000046369 (9)

1.	Corporation Harne	3040309 ( <del>9</del> )				
	PATIO MAN, INC.				THE REPORT OF THE SAME HABIT CANN BANK BANK BANK BANK BANK BANK	1111 <b>0</b> 30110 1011 1001
Pr	inclpal Place of Business	Mailing Address		···-		
	805 N. TAMMAMI TRAIL ORT CHARLOTTE FL 33952	2605 N. TAMIAMI TRAIL PORT CHARLOTTE FL 33952			DO NOT WRITE IN THIS SPAC	E
					3. Date Incorporated or Qualified 05/22/1997	
2. 21	Principal Place of Business	2a. Mailing Address 28			4. FEI Number 65-0766258	Applied For Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			3.75 Additional Fee Required
23	City & State	City & State				5.00 May Be Added to Fees
24	Zip Country 25	Zιρ Cor 29 30	untry		This corporation owes or has paid the current y     Personal Property Tax due June 30. Yes	
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agen	l
COMERFORD, WESTY			81	Name		
2605 N. TAMIAMI TRAIL PORT CHARLOTTE FL 33952				Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84	City	FL 85	Zip Code
11	Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent, I am familiar with, and accept the oblig	2 and 607 1508, Florida Statutes, the a of Florida. Such change was authorize ations of, Section 607.0505, Florida Sta	bovi d by tutes	e-named corporations.	oration submits this statement for the purpose of char on's board of directors. I hereby accept the appointm	iging its registered ent as registered

		Registered Agent signature req	
12.	OFFICERS AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<del>-</del>	1.1 TITLE	LI Change LI Addition
NAME	COMERFORD, WESTY	1.2 NAME	
STREET ADDRESS	2605 N. TAMIAMI TRAK.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PORT CHARLOTTE FL 33952	1.4 CHTY - ST - ZIP	
TITLE	DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<u> </u>
TITLE	☐ DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 THILE	Change 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 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:

Wests

Commented

46/98

**FILED** 

May 01 1998 8:00am

Secretary of State

CR2E034 (1