

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95 000014722**
1. Corporation Name **P95000014722**
PATIO PARTNERS, INC

Principal Place of Business **250 WORTH AVE PALM BEACH FL 33480**
Mailing Address **PO BOX 2528 PALM BEACH FL 33480**

3. Date Incorporated or Qualified **2/28/95** 3a. Date of Last Report **N/A**
4. FEI Number **65-055-9630** 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 intangibles tax under s. 199.054, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

BURTON HANDELSMAN
250 WORTH AVENUE
PALM BEACH FL 33480

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 *Burton Handelsman* **BURTON HANDELSMAN** 4/23/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres. <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Hyland	12 NAME	
STREET ADDRESS	11380 Prosperity Farms Rd	13 STREET ADDRESS	
CITY, ST, ZIP	Palm Beach Gardens FL 33410	14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Vice-Pres <input type="checkbox"/> DELETE	21 TITLE	
NAME	Joseph Grosso	22 NAME	
STREET ADDRESS	11380 Prosperity Farms Rd	23 STREET ADDRESS	
CITY, ST, ZIP	Palm Beach Gardens FL 33410	24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Assistant Secretary <input type="checkbox"/> DELETE	31 TITLE	
NAME	Burton Handelsman	32 NAME	
STREET ADDRESS	250 Worth Ave	33 STREET ADDRESS	
CITY, ST, ZIP	Palm Beach FL 33480	34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

700001808827
-05/06/96--01031--006
***200.00

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)(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: *Burton Handelsman* **BURTON HANDELSMAN** 4/23/96 407 835 6903

CR2E034 (12/95)

5-1-91