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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000014722

1. Corporation Name

PATIO PARTNERS, INC.

Principal Place of	Business
250 WORTH AVENU	JE
PALM BEACH FL 3	3480

Mailing Address

PO BOX 2528

PALM BEACH FL 33480

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90063 048 \*\*\*150.00



DO	NOT	WRITE	IN	THIS	SPA	CE

2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. FEI Number 6.5-0559630 1. Not Applicable 5. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. #, etc							ļ	<ol> <li>Date Incorporated or Qualifity 02/21/1995</li> </ol>	ed		
26   Suite, Apt. #, etc.   Scriffcate of Status Desired   \$8.75 Additional   \$8.75 Additio	0 0	Lea of Dusiness	To Maili	ing Addrage						117	Applied For
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired   \$8.75 Additional Fee Required   See Required	<del></del>	lace of business	<u> </u>	ing Address						——————————————————————————————————————	
City & State  Country	Suite, Apt.	#, etc.	Suite	e, Apt. #, etc.							
Trust Fund Contribution	<u> </u>		,	8 State				a Firstina Commissa Financia			
Zip   Country   Zip   Zip   Country   Zip   Zip   Country   Zip   Zi		e .	⊢ ′	d State				· -	" <sup>9</sup> 🗆	•	· ·
25 29 30 Personal Property Tax. Yes No  9. Name and Address of Current Registered Agent  HANDELSMAN, BURTON 250 WORTH AVENUE PALM BEACH FL 33480  82 Street Address (P.O. Box Number is Not Acceptable)  83 Reference of 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 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 remaintaing)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD HANDLESMAN, STEVEN 12 NAME 13 STREET ADDRESS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP PALM BEACH FL 33460  Change PAddition PAddition  STOCKER, MARSHA		Country	<del></del>		Country				urrent year I		
9. Name and Address of Current Registered Agent  HANDELSMAN, BURTON 250 WORTH AVENUE PALM BEACH FL 33480  82 Street Address (P.O. Box Number is Not Acceptable)  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 reinstating)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DELETE 1.1 TITLE PARAME 1.2 NAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP WHITE PLAINS NO AY  DELETE 2.1 TITLE VD Change PAGdition Change PAGDITI	— ·		<b>⊢</b> `	30	¬ -			•			□No
HANDELSMAN, BURTON 250 WORTH AVENUE PALM BEACH FL 33480  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 Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD HANDLESMAN, STEVEN 12. NAME HANDLESMAN, STEVEN 13. STREET ADDRESS TYP.ST-ZIP WHITE PLAINS NOT 14. CITY-ST-ZIP WHITE PLAINS NOT 14. CITY-ST-ZIP ALM BEACH FL 33480  Change PAddition	24				1	•		10. Name and Address of Ne	w Registere	d Agent	
250 WORTH AVENUE PALM BEACH FL 33480  82 Street Address (P.O. Box Number is Not Acceptable)  83   84   City   FL   85   Zip Code   85   City   FL   85   Zip Code   86   City   FL   85   Zip Code   87   City   FL   85   Zip Code   88   City   FL   85   Zip Code   89   City   FL   85   Zip Code   80   City   FL   85   Zip Code   81   City   FL   85   Zip Code   82   City   FL   85   Zip Code   83   City   FL   85   Zip Code   84   City   FL   85   Zip Code   85   City   FL   85   Zip Code   86   City   FL   85   Zip Code   87   City   FL   85   Zip Code   88   City   FL   85   Zip Code   89   City   FL   85   Zip Code   80   City   FL   85   Zip Code   81   City   FL   85   Zip Code   84   City   FL   85   Zip Code   85   City   FL   85   Zip Code   86   City   FL   85   Zip Code   87   City					81	Name					
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12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD HANDLESMAN, STEVEN  STREET ADDRESS 12 NAME 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP  WHITE PLAINS NOT  DELETE 13 TITLE 14 CITY-ST-ZIP NAME 15 STOCKER, MARSHA  16 Change  PAGdition  Change  PAGdition  Change  PAGdition	SIGNATURE	Signature, typed or printed name of registered agent a	and title if applic	able. (NOTE: Re	gistered Agen	t signature r	required w	then reinstating)	DATE	<u> </u>	
NAME HANDLESMAN, STEVEN  STREET ADDRESS 18 HOTEL DR  12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP  WHITE PLAINS NO 17  TITLE  VD  DELETE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP  PA LM B FACH FL 33480  Change  Change  Change  Change	12.				13.				OFFICERS A		
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CITY-ST-ZIP PALM BEACH FL 33480 34.CITY-ST-ZIP	CITY-ST-ZIP	PALM BEACH FL 33480			3.4. CITY-S	T-ZIP	<u> </u>				
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4. 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 informatio 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 one attachment with an address with all other like empowered.

SIGNATURE:

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99 56/835 5 Date Daytime Phone # CR2E034 (11/98)