

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

FILED

**May 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 682832 (1)
 1. Corporation Name
CAROUSEL DEVELOPMENT INC.



Principal Place of Business 1085 SW 15TH AVENUE DELRAY BEACH FL 33444	Mailing Address 1085 SW 15TH AVENUE DELRAY BEACH FL 33444-1256
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3. Date Incorporated or Qualified 09/22/1980	3a. Date of Last Report 02/05/1996
4. FEI Number 59-2025370	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 1450 SW 10TH ST	22. Mailing Address 1450 SW 10TH ST
22. Suite, Apt. #, etc. #8	27. Suite, Apt. #, etc. #8
23. City & State DELRAY BEACH FL	28. City & State DELRAY BEACH FL
24. Zip 33444	25. Country USA
29. Zip 33444	30. Country USA

9. Name and Address of Current Registered Agent
**CAROSELLA, JOSEPH
 1085 SW 15TH AVENUE, SUITE 8
 DELRAY BEACH FL 33444**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	1450 SW 10TH AVE #8
83.	
84. City	DELRAY BEACH
85. Zip Code	FL 33444

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: *Joseph Carosella* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PT D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROSELLA, JOSEPH	1.2 NAME	
STREET ADDRESS	1085 SW 15TH AVENUE #8	1.3 STREET ADDRESS	1450 SW 10TH ST #8
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP	DELRAY Bch, FL 33444
TITLE	VSTD <input type="checkbox"/> DELETE	2.1 TITLE	V S D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIANCHINI, MICHAEL J.	2.2 NAME	
STREET ADDRESS	1085 SE 15TH AVENUE #8	2.3 STREET ADDRESS	1450 SW 10TH ST, #8
CITY-ST-ZIP	DELRAY BCH FL	2.4 CITY-ST-ZIP	DELRAY Bch, FL 33444
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 do 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: *Joseph Carosella* PRESIDENT 3-19-97 561-272-3200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)