

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

\* CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:28

DOCUMENT # 716983 (2)

1. Corporation Name  
**THE CARLYLE ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
2881 N.E. 33RD COURT 2881 N.E. 33RD COURT  
FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/11/1969 3a. Date of Last Report 04/19/1994  
4. FEI Number 59-1303403 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENTHAM, OLIVER J  
2881 NE 33 COURT  
FT. LAUDERDALE FL 33306

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: *Oliver J. Bentham* DATE: 4-24-95  
Signature of officer or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: SDT  
NAME: ADLER, GEORGIA  
STREET ADDRESS: 2881 NE 33RD COURT  
CITY-ST-ZIP: FT LAUDERDALE FL

TITLE: D  
NAME: CLOVER, JEANNE  
STREET ADDRESS: 2881 NE 33RD COURT  
CITY-ST-ZIP: FT LAUDERDALE FL

TITLE: D  
NAME: ROBINSON, KENNETH  
STREET ADDRESS: 2881 NE 33RD COURT  
CITY-ST-ZIP: FT LAUDERDALE FL 33306

TITLE: PD  
NAME: BENTHAM, OLIVER J  
STREET ADDRESS: 2881 NE 33RD COURT  
CITY-ST-ZIP: FT. LAUDERDALE FL

TITLE: DVP  
NAME: PARKER, BERNARD  
STREET ADDRESS: 2881 NE 33RD COURT  
CITY-ST-ZIP: FT. LAUDERDALE FL

TITLE: DAT  
NAME: KASSAN, RENEE  
STREET ADDRESS: 2881 NE 33RD COURT  
CITY-ST-ZIP: FT LAUDERDALE FL 33306

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME: Walters, William  
2.3 STREET ADDRESS: 2881 NE 33rd Ct.  
2.4 CITY-ST-ZIP: Ft. Lauderdale, FL 33306

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME: Kassan, Renee  
6.3 STREET ADDRESS: 2881NE 33rd Ct  
6.4 CITY-ST-ZIP: Ft. Lauderdale, FL 33306

REMITTED BY MAY 1

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 170.07(3)(a), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Georgia Adler* (GEORGIA ADLER) 4/24/95 305-564-3700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)