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

**CORPORATION** ANNUAL REPORT

**1998** 

NAME STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

Jul 23 1998 8:00am

Secretary of State

## DOCUMENT # F9500002751 (4) CAROUSEL INTERNATIONAL CORPORATION

Principal Place		Mailing Address PO BOX 307 ELDON MO 65026				
ETDON WO COME					DO NOT WRITE IN THIS SPACE	
					<ol> <li>Date Incorporated or Qualified 06/07/1995</li> </ol>	
<u> </u>	Place of Business	2a, Mailing Address			4. FEI Number	Applied For
26 Suite Ant # etc					43-0974678	Not Applicable
27		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	7 <sub>ip</sub>	Country		Trust Fund Contribution	Added to Fees
24	25)	[29]	30		<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current year Intangible  Yes No
<u> ~1</u>	9. Name and Address of Cur		130		10. Name and Address of New Register	_=
1200 <b>SOUTH</b> PINE ISLAND ROAD PLANTATION FL 33324			82 Sin	eet Addr	fress (P.O. Box Number is Not Acceptable)	
			<b>84</b> Cit	y		85 Zip Code
SIGNATURE	Signature typed or profed nature of registeres	raging and ble dapplicable (N AND DIRECTORS	OTE: Registered Agent sig	nature require	ed when reinstating) DA  ADDITIONS/CHANGES TO OFFICERS	
12. TITLE	T C	DELETE	1 i 1i) LE		ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	VEATCH, NORWOOD SR		1.2 NAME			
STREET ADDRESS	\$5 BEACH CLUB		1.3 STREET ADDR	ESS		
CITY - ST - ZIP	LAKE OZARK MO 65049		1.4 CITY-S1-7IP			
TITLE	VEATCH, STEVEN	DELETE	2 1 111 LE			Change Addition
NAME STREET ADDRESS	35 BEACH CLUB		2.3 STREET ADDR	cee		
CITY-ST-ZIP	LAKE OZARK MO 65049		2.4 CITY-S1-ZIP			
TITLE		DELETE	3.1 TITLE			Change Addition
NAME	VEATCH, BRAD E		3.2 NAME			
STREET ADDRESS	111 N. AURORA		3 3 STREET ADDR	ESS		
CITY-ST-ZIP	BLDON MO 65026	☐ OFLETE	3.4. C(TY - ST - Z)P			Change Addist
TITLE NAME	ŽIELINSKI, WILLIAM	□ ntetr	4.1 TITLE 4.2 NAME			Change Addition
STREET ADDRESS	9 TIMBERCREEK LANE		4.2 NAME 4.3 STREET ADDR	rss		
CITY-ST-ZIP	ST LOUIS MO 63127		4.4 CITY-ST-ZIP			
TITLE	8	DELETE	5.1 TITLE			Change Addition
NAME	SCHAEFFER, KENNETH		5.2 NAME			
STREET ADDRESS	15 ROBIN		5.3 STREFT ADDR	ESS		
CITY-ST-ZIP	LAKE OZARK MO 65049	Printe	5 4 CITY-ST-ZIP			Change ( 4 ddit -
TATLE		☐ DELETE	6 1 TiTLE	- 1		☐ Change ☐ Addition

14. Thereby certify that the information supplied with this filling 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 of the receiver or frustge empawered 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 over an attachment with in patings.

6.2 NAME