

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

0550138

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002751

1. Corporation Name
CAROUSEL INTERNATIONAL CORPORATION



Principal Place of Business
**PO BOX 307
ELDON MO 65026**

Mailing Address
**PO BOX 307
ELDON MO 65026**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/07/1995

4. FEI Number
43-0974678

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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	C	<input type="checkbox"/> DELETE
NAME	VEATCH, NORWOOD SR	
STREET ADDRESS	35 BEACH CLUB	
CITY-ST-ZIP	LAKE OZARK MO 65049	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VEATCH, STEVEN	
STREET ADDRESS	35 BEACH CLUB	
CITY-ST-ZIP	LAKE OZARK MO 65049	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VEATCH, BRAD E	
STREET ADDRESS	111 N. AURORA	
CITY-ST-ZIP	ELDON MO 65026	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZIELINSKI, WILLIAM	
STREET ADDRESS	9 TIMBERCREEK LANE	
CITY-ST-ZIP	ST LOUIS MO 63127	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SCHAEFFER, KENNETH	
STREET ADDRESS	15 ROBIN	
CITY-ST-ZIP	LAKE OZARK MO 65049	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: Brad Veatch Pres. 4-8-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)