

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 15 1996 8:00 am
Secretary of State

DOCUMENT # H92340 (9)

1. Corporation Name
STEVEN R. CARTER, INC.



Principal Place of Business: **4320 EL PRADO BLVD #18 TAMPA FL 33629-5440**
Mailing Address: **4320 EL PRADO BLVD #18 TAMPA FL 33629-5440**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/31/1985		05/01/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-2637894		Not Applicable	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FOX, THOMAS P., P.A. 401 E KENNEDY BLVD. TAMPA, FL 33602				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 re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CARTER, CAROL R.	1 TITLE	
NAME	5401 BAYSHORE BOULEVARD, M	2 NAME	
STREET ADDRESS	TAMPA FL 33611	3 STREET ADDRESS	
CITY - ST - ZIP		4 CITY - ST - ZIP	
TITLE	VD CARTER, STEVEN	21 TITLE	VD
NAME	5401 BAYSHORE BOULEVARD, R	22 NAME	CARTER, STEVEN
STREET ADDRESS	TAMPA FL 33611	23 STREET ADDRESS	5403 S. Russe]] St.
CITY - ST - ZIP		24 CITY - ST - ZIP	Tampa, FL 33611
TITLE		31 TITLE	VD
NAME		32 NAME	JOHN REYES
STREET ADDRESS		33 STREET ADDRESS	4433 Leila Ave.
CITY - ST - ZIP		34 CITY - ST - ZIP	Tampa, FL 33616
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 119.07(3)(k), 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: *Carol R. Carter* PRES. 4/09/96 813/831-5827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)