

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

FILED

**Mar 12 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 # 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 33629-8432
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3. Date Incorporated or Qualified 12/31/1985	3a. Date of Last Report 04/15/1996
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2637894	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" 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	

9. Name and Address of Current Registered Agent FOX, THOMAS P., P.A. 401 E KENNEDY BLVD. TAMPA, FL 33602				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 _____ (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARTER, CAROL R.		1.2 NAME	
STREET ADDRESS 5401 BAYSHORE BOULEVARD, M		1.3 STREET ADDRESS	
CITY - ST - ZIP TAMPA FL 33611		1.4 CITY - ST - ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARTER, STEVEN		2.2 NAME CARTER, STEVEN	
STREET ADDRESS 5403 S. RUSSELL ST.		2.3 STREET ADDRESS 3426 TACON ST.	
CITY - ST - ZIP TAMPA FL		2.4 CITY - ST - ZIP TAMPA, FL 33629	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REYES, JOHN		3.2 NAME	
STREET ADDRESS 4433 LEILA AVENUE		3.3 STREET ADDRESS	
CITY - ST - ZIP TAMPA FL		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: *Carol R. Carter* **CAROL R. CARTER, INC.** **3/6/97** **813/951-7394**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)