

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K87800** (4)
1. Corporation Name
CARLISLE BRANDON CORPORATION



Principal Place of Business Mailing Address
% ROBERT C. WILKINS, JR.
1701 LEE RD
WINTER PARK FL 32789

3. Date Incorporated or Qualified **05/12/1989** 3a. Date of Last Report **02/08/1995**
4. FEI Number **59-2945440** 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**
8. This corporation has liability for intangible tax under s. 199.032 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

GRANT, JOHN
1701 LEE RD, STE A
WINTER PARK FL 32789

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 *Richard Lewis*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when not changing)

7/31/96
Date

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	GRANT, JOHN W.	
STREET ADDRESS	1458 KETTKEDRUM TRAIL	
CITY-ST-ZIP	ENTERPRISE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SCHLEIMER, LOUIS	
STREET ADDRESS	30 JAEGER DRIVE	
CITY-ST-ZIP	GLEN HEAD NY	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	NEWLER, THEODORE	
STREET ADDRESS	31 DR. FRANK RD	
CITY-ST-ZIP	SPRING VALLEY NY	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DEMCHICK, JULES	
STREET ADDRESS	225 W. 86TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LYCAN, DONALD G., II	
STREET ADDRESS	14 NOSBAND AVE	
CITY-ST-ZIP	WHITE PLAINS NY	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LEWIS, RICHARD	
STREET ADDRESS	1892 COLE DRIVE	
CITY-ST-ZIP	EAST MEADOW NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Richard Lewis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/96
Date

718/631-0606
Telephone Number

CR2E034 (3/96)