

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

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 % ROBERT C. WILKINS, JR. 1701 LEE RD WINTER PARK FL 32789		Mailing Address % ROBERT C. WILKINS, JR. 1701 LEE RD WINTER PARK FL 32789-2161	
2. Principal Place of Business		2a. Mailing Address	
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 05/12/1989	
22 City & State	27 City & State	3a. Date of Last Report 08/13/1996	
23 Zip	28 Zip	4. FEI Number 59-2945440	
24 Country	29 Country	Applied For Not Applicable	
9. Name and Address of Current Registered Agent GRANT, JOHN 1701 LEE RD, STE A WINTER PARK FL 32789		5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85 Zip Code FL	
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	NAME	11 TITLE	12 NAME
DV	GRANT, JOHN W.	13 STREET ADDRESS	14 CITY-ST-ZIP
1458 KETTKEDRUM TRAIL	ENTERPRISE FL	21 TITLE	22 NAME
DV	SCHLEIMER, LOUIS	23 STREET ADDRESS	24 CITY-ST-ZIP
30 JAEGER DRIVE	GLEN HEAD NY	31 TITLE	32 NAME
DV	NEWLER, THEODORE	33 STREET ADDRESS	34 CITY-ST-ZIP
31 DR. FRANK RD	SPRING VALLEY NY	41 TITLE	42 NAME
DV	DEMCHICK, JULES	43 STREET ADDRESS	44 CITY-ST-ZIP
225 W. 88TH STREET	NEW YORK NY	51 TITLE	52 NAME
DS	LEWIS, RICHARD	53 STREET ADDRESS	54 CITY-ST-ZIP
1892 COLE DRIVE	EAST MEADOW NY	61 TITLE	62 NAME
		63 STREET ADDRESS	64 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 included 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: LOUIS SCHLEIMER 3-5-97			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)