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

PROFIT **CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE

22

23

Zip

L80216

(9)

CARRIER MANAGEMENT SERVICES INC.

Country

9. Name and Address of Current Registered Agent

25

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**FILED** 

Feb 03 1998 8:00am

Secretary of State

201		
Principal Place of Business	Mailing Address	
% CHARLES PACE 1370 SOUTH OCEAN BLVD., APT.#2702	% CHARLES PACE 1370 SOUTH OCEAN BLVD., APT.#2702	
POMPANO BEACH FL 33062	POMPANO BEACH FL 33062	DO NOT WRIT
		<ol><li>Date Incorporated or Qualified</li></ol>

2a. Mailing Address

City & State

29

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sigma\) No

Z

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

06/14/1990

65-0200110

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

PACE, CHARLES 1370 S OCEAN BLVD., APT. 2702 POMPANO BEACH FL 33062		81	Name										
		82	82 Street Address (P.O. Box Number is Not Acceptable)										
•	ON AND BEAUTIFE 33002		83				<del></del>						
			84	City						F	L E	5 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		·											
	Signature, typed or printed name of registered agent and title if applical	ble. (NOTE, Re	gistered Age	nt signature	required when re	einstating)				DATE			
12,	OFFICERS AND DIRECTORS		13.			ODITIO	VS/CHAN	IGES T	O OFFI	CERS A			
TITLE	PD	DELETE	1.1 TITLE		SD							Change	Addition
NAME	PACE, CHARLES		1.2 NAME		PACE,	一十十	2nmo	່ <b>ຢ</b>		4 77	76 3		
STREET ADDRESS	1370 S OCEAN BLVD		1.3 STREET	address					V D	<u> </u>			
CITY - ST - ZIP	POMPANO BEACH FL		1.4 CITY - S	r-ZíP	POMPA	No	BEAG	24	FL	-			
TITLE	SD	DELETE	2.1 TITLE									Change	Addition
NAME	PACE, CARRIE		2.2 NAME										
STREET ADDRESS	1370 S OCEAN BLVD		2.3 STREET	ADDRESS									
CITY-ST-ZIP	POMPANO BEACH FL		2. 4 CITY - S	T-ZIP									
TITLE		DELETE	3.1 TITLE						layer"	- a'		Change	☐ Addition
NAME			3.2 NAME	İ									
STREET ADDRESS			3.3 STREET	ADDRESS									
CITY - ST- ZIP			3.4. CITY - S	T-ZIP									
TITLE		☐ DELETE	4.1 TITLE									Снапде	Addition
NAME			4. 2 NAME										
STREET ADORESS			4.3 STREET	ADDRESS									
CITY-ST-ZIP			4.4 CITY - ST	- ZIP									
TITLE		DELETE	5.1 TITLE									Change	Addition
NAME			5.2 NAME										
STREET ADDRESS			5.3 STREET	ADDRESS									
CITY - ST - ZIP		1	5.4 CITY-ST	- ZIP									
TITLE		DELETE	6.1 TITLE					• •				Change	Addition
NAME			6.2 NAME									_	
STREET ADDRESS		I	6.3 STREET	ADDRESS									
CITY-ST-ZIP			6.4 CITY-ST										
14. I hereby c	ertify that the information supplied with this filing do	es not qualify for th	e exempt	on state	d in Section	119.07(	3)(i), Flo	rida Sta	tutes. 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in													

Country

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