

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

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**Apr 09 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 # M86020 (8)

1. Corporation Name
CARLTON CONSTRUCTION, INC.



Principal Place of Business 6075 NORTHWEST 65TH TERRACE- CORAL SPRINGS FL 33066	Mailing Address 6075 NORTHWEST 65TH TERRACE- CORAL SPRINGS FL 33066-6744
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3. Date Incorporated or Qualified 06/17/1988	3a. Date of Last Report 04/02/1996
4. FEI Number 65-0061211	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 10191 W. Sample Rd Suite, Apt #, etc. 22 #210	26 10191 W Sample Rd Suite, Apt #, etc. 27 #210
23 Coral Springs, FL City & State	28 Coral Springs FL 33065 City & State
24 33073 25 USA Zip Country	29 33065 30 USA Zip Country

9. Name and Address of Current Registered Agent

ARAD, DAVID ZVI
6075 NW 65TH TERRACE
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	10191 W. Sample Rd
83	#210
84 City	Coral Springs
85 Zip Code	FL 33065

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]* DATE: **4/3/97**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ARAD, DAVID ZVI	
STREET ADDRESS	6075 N.W. 65TH TERRACE-	
CITY - ST - ZIP	CORAL SPRINGS FL-	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHINA, ARAD	
STREET ADDRESS	5375 NW 65 TERRACE-	
CITY - ST - ZIP	CORAL SPRINGS FL-	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10191 W. Sample Rd #210
1.4 CITY - ST - ZIP	Coral Springs, FL 33065
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	10191 W. Sample Rd #210
2.4 CITY - ST - ZIP	Coral Springs, FL 33065
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* DATE: **4/3/97** DAYTIME PHONE #: **954 344 8016**

CR2E034 (9/96)