

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Feb 08 1996 8:00 am  
Secretary of State

**DOCUMENT # N95000003232 (4)**

1. Corporation Name

**CARVEL FOUNDATION, INC.**



Principal Place of Business: P.O. BOX 48 HOLLYWOOD FL 33022-0048  
Mailing Address: P.O. BOX 48 HOLLYWOOD FL 33022-0048

3. Date Incorporated or Qualified: **07/07/1995**  
3a. Date of Last Report

21	22	23	24	25	26	27	28	29	30	4. FEI Number <b>65-0607673</b>	Applied For Not Applicable
2. Principal Place of Business			2a. Mailing Address			5. Certificate of Status Desired			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution			\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
City & State			City & State			7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
Zip		Country		Zip		Country					

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**KNIGHT, NEAL  
321 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480**

81 Name: **AGNES CARVEL**  
82 Street Address (P.O. Box Number is Not Acceptable): **265 N. COUNTRY CLUB DR**  
83  
84 City: **ATLANTIS** FL 85 Zip Code: **33462**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **PAMELA CARVEL** DATE: **1/31/96**  
Signature (Typed or printed name of registered agent) (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARVEL, AGNES</b>	1.2 NAME	
STREET ADDRESS	<b>265 N. COUNTRY CLUB DRIVE</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ATLANTIS FL 33462</b>	1.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARVEL, PAMELA</b>	2.2 NAME	
STREET ADDRESS	<b>265 N. COUNTRY CLUB DRIVE</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ATLANTIS FL 33462</b>	2.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARVEL, LINDA</b>	3.2 NAME	
STREET ADDRESS	<b>317R VAN BUREN STREET</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>HOLLYWOOD FL 33020</b>	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 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 unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **PAMELA CARVEL** DATE: **1/31/96** 305-925-5209  
Signature and Typed or Printed Name of Signing Officer or Director Daytime Phone #

CR2E037 (12/95)