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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

N95000003232 (4)

FILED Feb 08 1996 8:00 am Secretary of State

CARVEL FOUNDATION, INC. Principal Place of Business Mailing Address										
P.O. BOX 48 HOLLYWOOD FL 33022-0048 P.O. BOX 4 HOLLYWOO				(48 DOD FL 33022-0048						
							3. Date Incorporated or Qualifie 07/07/1995	d 3a Da	te of Last i	Report
2. Principal F	Place of Busines	3S	2a. Mailing A	Address			4. FEI Number 65-06076	73		oplied For lot Applicable
Suite, Apt #, etc. 2			Suite, Apt. #, etc 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	te		Oity & St 28	tate			Election Campaign Financing Trust Fund Contribution	' _□		May Be to Fees
Zip (4)	:	Country 25	<i>Ζ</i> ιρ 29	THE PARTY OF THE P	Country 30	<i>i</i>	This corporation has liability f Florida Statutes	for intangible ta		199.032,
	9. Name i	and Address of Current	Registered Age	ent	· · · · · · · · · · · · · · · · · · ·		10. Name and Address of Nev	v Registered /	Agent	
PALM E	ÝAL POINCI/ BEACH FL 33	3480			82 83 84	Street Adi	T-ANTIS	table) LWB I	85 Zig	Code 3462
or registe	ered agent, or t	ന് െ Sections 617.0502 Solphin the State of Florid	ang 617,1508, FI la,,Su≉n change v	lorida Statute was authorize	es, the above-red by the corp	named corpo poration's boa	ard of directors. Thereby accept the a	ppointment as	registered	agent. I am
or registe familiar w SIGNATURE		perited numeral registers ANC OFFICERS ANC	ars in the of appearance	TAN	tes, the above to red by the corp. IN EAT (DIE Registered Agents.)	CARVE	oration submits this statement for the and of directors. I hereby accept the a Let when renstaine ADDITIONS CHANGES TO C	1/3/	196	
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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 cath, that I am an officer or director by 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 stylinged, or on an attachment with an address.

SIGNATURE

PAMENA CA

1/31/86 305-925-5209 Date Dayline Phone #