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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003232

1. Corporation Name
CARVEL FOUNDATION, INC.

Principal Place of Business
265 N COUNTRY CLUB DRIVE
ATLANTIS FL 33482
US

Mailing Address
P.O. BOX 46
HOLLYWOOD FL 33024-0046
US

27	28	29	30	31	32
Principal Place of Business	Mailing Address	Date Incorporated or Qualified	FBI Number	Applied For	
787 S.E. 17 STREET	787 S.E. 17 STREET	07/07/1995	65-0607673	Not Applicable	
State, Apt. #, etc. #417	State, Apt. #, etc. #417				
City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 33316 Country USA	Zip 33316 Country USA			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

17. Name and Address of Current Registered Agent	18. Name and Address of New Registered Agent
CARVEL AGNES 265 NORTH COUNTRY CLUB DRIVE ATLANTIS FL 33482	19. Name PAMELA CARVEL 20. Street Address (P.O. Box Number is Not Acceptable) 787 S.E. 17 STREET 21. City FT. LAUDERDALE FL 22. Zip 33316

11. Pursuant to the provisions of Sections 617.0602 and 617.1604, 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 changes were authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am not a director of the corporation and accept the obligations of Section 617.0603, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 10/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	NAME	CARVEL, AGNES, 1999	1.1 TITLE	TT	NAME	AGNES CARVEL ESTATE
STREET ADDRESS		STREET ADDRESS	265 N. COUNTRY CLUB DRIVE	1.2 NAME		STREET ADDRESS	268 RUSSELL CT., 3 WOBURN PL.
CITY-ST-ZIP		CITY-ST-ZIP	ATLANTIS FL 33482	1.3 STREET ADDRESS		CITY-ST-ZIP	LONDON, ENGLAND WC1H 0NF U.K.
TITLE	D	NAME	CARVEL, PAMELA	2.1 TITLE	D	NAME	PAMELA CARVEL
STREET ADDRESS		STREET ADDRESS	265 N. COUNTRY CLUB DRIVE	2.2 NAME		STREET ADDRESS	787 S.E. 17 STREET #417
CITY-ST-ZIP		CITY-ST-ZIP	ATLANTIS FL 33482	2.3 STREET ADDRESS		CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	D	NAME	CARVEL, LINDA	3.1 TITLE	D	NAME	LINDA CARVEL
STREET ADDRESS		STREET ADDRESS	265 N. COUNTRY CLUB DRIVE	3.2 NAME		STREET ADDRESS	787 S.E. 17 STREET #417
CITY-ST-ZIP		CITY-ST-ZIP	ATLANTIS FL 33482	3.3 STREET ADDRESS		CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE		NAME		4.1 TITLE		NAME	
STREET ADDRESS		STREET ADDRESS		4.2 NAME		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		4.3 STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE		NAME	
STREET ADDRESS		STREET ADDRESS		5.2 NAME		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		5.3 STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE		NAME	
STREET ADDRESS		STREET ADDRESS		6.2 NAME		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		6.3 STREET ADDRESS		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 prepare this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 7/99 954-524-1909

CHECKBOX (1/98)