

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000088486 (3)

1. Corporation Name
CARR PROPERTY GROUP, INC.



Principal Place of Business: **3553 S.W. CORPORATE PARKWAY PALM CITY FL 34990**
Mailing Address: **3553 S.W. CORPORATE PARKWAY PALM CITY FL 34990**

3. Date Incorporated or Qualified: **12/05/1994**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business
21 **2684 SW IMMANUEL DRIVE**
22 Suite, Apt. #, etc.
23 **Palm City FLORIDA**
24 **34990** 25 **MARTIN**
26 **2684 SW IMMANUEL DRIVE**
27 Suite, Apt. #, etc.
28 **Palm City FLORIDA**
29 **34990** 30 **MARTIN**

4. FEI Number: **65-0541305**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

CARR, PETER A
3553 SW CORPORATE PARKWAY
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name: **Peter A. Carr**
82 Street Address (P.O. Box Number is Not Acceptable): **2684 SW IMMANUEL DRIVE**
83
84 City: **Palm City** FL 85 Zip Code: **34990**

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 responsibilities of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **Peter A. Carr** **President** **9/16/96**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARR, PETER A	
STREET ADDRESS	3553 S.W. CORPORATE PARKWAY	
CITY-ST-ZIP	PALM CITY FL 34990	
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	2684 SW IMMANUEL DRIVE
1.4 CITY-ST-ZIP	Palm City, FLORIDA 34990
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 provided 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 this 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 checked or on an attachment with an address.

SIGNATURE: *[Signature]* **Peter A. Carr** **President** **9/16/96** **407-283-4400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)