

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90045 025 ***150.00

DOCUMENT # P94000012166

1. Corporation Name

CARAT 7, INC.

Principal Place of Business

10223 S.E. LENNARD ROAD
PORT ST LUCIE FL 34952
US

Mailing Address

10223 S.E. LENNARD ROAD
PORT ST LUCIE FL 34952
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1994

4. FEI Number

65-0473891

Applied For
Not Applicable

5. Certificate of Status Desired. ☐ Yes ☒ No

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1459 SW MERCHANT LANE

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 PORT ST. LUCIE, FL

City & State

28

Zip

24 34953

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

GROUZDEV, SERGUEI
10223 S.E. LENNARD ROAD
PORT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name

NEMETS, OLGA

82 Street Address (P.O. Box Number is Not Acceptable)

1459 SW MERCHANT LANE

83

84 City PORT ST. LUCIE

FL

85 Zip Code 34953

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]

OLGA NEMETS

3/11/99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GROUZDEV, SERGUEI
STREET ADDRESS 10223 S.E. LENNARD ROAD
CITY-ST-ZIP PORT ST LUCIE FL 34952 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/D ☒ Change ☐ Addition
1.2 NAME NEMETS, OLGA
1.3 STREET ADDRESS 1459 SW MERCHANT LANE
1.4 CITY-ST-ZIP PORT ST. LUCIE, FL 34953

2.1 TITLE V/T ☐ Change ☒ Addition
2.2 NAME GROUZDEV, VICTORIA
2.3 STREET ADDRESS 1459 SW MERCHANT LANE
2.4 CITY-ST-ZIP PORT ST. LUCIE FL 34953

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

[Signature] OLGA NEMETS

3/11/99 (561) 878-3709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0511891

CR25034 (11/98)