

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

FILED

Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997

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

DOCUMENT # 176538 (7)  
1. Corporation Name  
CARBONELL INC

Principal Place of Business Mailing Address  
3142 NORTHSIDE DR.  
SUITE 201  
KEY WEST FL 33040  
3142 NORTHSIDE DR.  
SUITE 201  
KEY WEST FL 33040-8012



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1953		3a. Date of Last Report 03/26/1996	
21. Suite, Apt. #, etc.		2a. Suite, Apt. #, etc.		4. FEI Number 59-0712836		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CARBONELL, JOHN III 1323 20TH TERRACE KEY WEST FL 33040		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code	

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, 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: DATE: 3/11/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P RETENWANDER-DAVIS, KIMBERLY 1531 WHITE ST. KEY WEST FL 33040	1.1 TITLE	D PATRICK STEVEN DAVIS PO BOX 531 HOOD RIVER OR 97031
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V CARBONELL, JOSEPH S 1118 17TH STREET KEY WEST FL 33040	2.1 TITLE	P CARBONELL, JOSEPH 1118 17TH ST KEY WEST FL 33040
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ST CARBONELL- YOUNG, ST YGNACIA "CONI" 21044 MARGUERITE RD. BROOKSVILLE FL 34601	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D YATES, KATHRYN 31551 WARNER ST. BIG PINE KEY FL 33043	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D CARBONELL, JOHN III 1323 20TH TERRACE KEY WEST FL 33040	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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.

SIGNATURE: DATE: 3/11/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)