

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:30

DOCUMENT # 188807 (2)

1. Corporation Name
CARTER ASSOCIATES, INC.

Principal Place of Business Mailing Address
1708 21 ST 1708 21 ST
VERO BEACH FL 32960 VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/04/1955
3a. Date of Last Report 01/19/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0765511		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. State, Apt. #, etc.		27. State, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. City & State		28. City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Zip	25. Country	29. Zip	30. Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARTER, MARVIN E 1708 21ST ST. VERO BEACH FL 32960				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	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, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature typed or printed name of registered agent and title of agent (date) _____
Signature typed or printed name of registered agent and title of agent (date) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CARTER, MARVIN E	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, MARVIN E	12 NAME	
STREET ADDRESS	1708 21ST ST.	13 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	14 CITY - ST - ZIP	
TITLE	VO DEAN F. LUETHJE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN F. LUETHJE	22 NAME	
STREET ADDRESS	6 TARPON DR.	23 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	24 CITY - ST - ZIP	
TITLE	STD HOWARD, DANA	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, DANA	32 NAME	
STREET ADDRESS	2055 DELEON AVE.	33 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.021, Florida Statutes. I further certify that the information submitted 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. I am an officer or director of the corporation or the manager or trustee empowered to execute this report as required by Chapter 119, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Dana Howard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dana Howard Sec./Treas.
1-12-95 407-562-4191
Date Time of Filing