

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **280886** (3)

1. Corporation Name
CARLTON TERRACE CORPORATION



Principal Place of Business: **2081 N E 56TH ST FT LAUDERDALE FL 33308**
Mailing Address: **2081 N E 56TH ST FT LAUDERDALE FL 33308**

3. Date Incorporated or Qualified: **04/28/1964**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **59-1083576**
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

2. Principal Place of Business: 21 Subd., Apt. #, etc. 22 City & State 23 Zip Country 24 25
2a. Mailing Address: 26 Subd., Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent
**GLUCK, MARY L.
2111 NE 56 ST
#211
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent
81 Name: **Edmund C. MARTIN**
82 Street Address (P.O. Box Number is Not Acceptable): **2141 NE 56 ST #102**
83 **#102**
84 City: **FT Lauderdale** FL 85 Zip Code: **33308**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: **Edmund C. MARTIN, president** *Edmund C. Martin*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GLUCK, MARY L.	
STREET ADDRESS	2111 NE 56 ST	
CITY, ST, ZIP	FT LAUDERDALE, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, EDMUND	
STREET ADDRESS	2141 NE 56 ST	
CITY, ST, ZIP	FORT LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	NUGENT, CHARLES,	
STREET ADDRESS	2081 NE 56 ST #206	
CITY, ST, ZIP	FORT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BAKER, SYLVIA	
STREET ADDRESS	2065 NE 56 ST #108	
CITY, ST, ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DISANZA, VINSENZO D	
STREET ADDRESS	2065 NE 56 ST #201	
CITY, ST, ZIP	FT LAUDERDALE, FL 00000 33308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, MILDRED L.	
STREET ADDRESS	2081 NE 56 ST	
CITY, ST, ZIP	FORT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MARTIN, Edmund C.	
14 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DISANZA VINSENZO D	
24 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied 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 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: *Edmund C. Martin* 3/15/96 (954) 887-7941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)