

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

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Feb 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortharp  
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 33308-2591



3. Date Incorporated or Qualified 04/28/1964	3a. Date of Last Report 03/20/1996
4. FEI Number 59-1083576	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

MARTIN, EDMUND C.  
2141 NE 56 ST  
#102  
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name  
LEO J ZAUG

82 Street Address (P.O. Box Number is Not Acceptable)  
2081 NE 56th St. #101

83  
FORT LAUDERDALE, FLA.

84 City  
FL

85 Zip Code  
33308

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: *Leo J Zaug* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, EDMUND C.	
STREET ADDRESS	2111 NE 56 ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DISANZA, VINSENZO D.	
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 #208	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BAKER, SYLVIA	
STREET ADDRESS	2085 NE 56 ST #108	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DISANZA, VINSENZO D	
STREET ADDRESS	2085 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

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEO J ZAUG	
1.3 STREET ADDRESS	2081 NE 56th ST #101	
1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WILLIAM K LAYER	
2.3 STREET ADDRESS	2141 NE 56th ST 106	
2.4 CITY-ST-ZIP	33308	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	A. QUAGLIARI	
3.3 STREET ADDRESS	2065 NE 56 ST-102	
3.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILLIAM R AND FORD	
4.3 STREET ADDRESS	2081 NE 56th ST #105	
4.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
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 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: *Leo J Zaug* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: 2/13/97 DAYTIME PHONE #: 954-776-1260

CR2E034 (9/96)