

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90167 035 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # **291793**

1. Corporation Name  
**CARLTON TERRACE NORTH CORPORATION**



Principal Place of Business  
 2142 N E 56TH COURT  
 FORT LAUDERDALE FL 33308

Mailing Address  
 2142 N E 56TH COURT  
 FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 City & State  
 Zip Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Date Incorporated or Qualified  
**03/18/1966**

4. FEI Number  
**59-1140272**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**BERRY, ROBERT L. J**  
**2124 N.E. 56TH COURT**  
**#101**  
**FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent  
 81 Name **SHIRLEY M. BELCHEFF**  
 82 Street Address (P.O. Box Number is Not Acceptable) **2142-56 CT, N.E. APT. #109**  
 83  
 84 City **FT. LAUDERDALE 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 *Shirley M. Belcheff* TREAS *Doris M. Kaufman* 4/10/99  
 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	TD	<input checked="" type="checkbox"/> DELETE
NAME	KEMPTON, AGNES	
STREET ADDRESS	2160 NE 56TH CT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DYDO, JANE	
STREET ADDRESS	2160 NE 56TH CT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TOWNSEND, ARLINE	
STREET ADDRESS	2124 NE 36TH CT.	
CITY-ST-ZIP	FT LAUD, FL 00000 33308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREY, LORENA	
STREET ADDRESS	2124 NE 59TH CT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALERMO, FRANCES	
STREET ADDRESS	2124 NE 56TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DERBAUM, MELVIN	
STREET ADDRESS	2106 NE 56TH CT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KAUFMAN, DORIS M.	
1.3 STREET ADDRESS	2124 NE 56TH CT APT 106	
1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	
2.1 TITLE	SHIRLEY M BELCHEFF	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SHIRLEY M BELCHEFF	
2.3 STREET ADDRESS	2142-56 CT, N.E. APT #109	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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	D EUCHARIA DOYLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	EUCHARIA DOYLE	
6.3 STREET ADDRESS	2160 NE 56TH CT APT #105	
6.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308	

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: *Shirley M. Belcheff* **REQUIRED** 4/10/99 954-276-1855  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/1/98)