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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 353517

(6)

1. Corporation Name CARSON'S OF FORT PIERCE, INC.  Principal Place of Business Mailing Address 617 ORANGE AVENUE FT. PIERCE FL 34950-4290 FT. PIERCE FL 34950-4290											
							10/0	orporated or Qualifie 8/1969		te of Las <b>05/01/</b>	
2. Principal Pla	ace of Business	2a.	Mailing Address				4. FEI Num	ber 1274816		-	Applied For Not Applicable
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	•			e of Status Desired			75 Additional
City & State	· · · · · · · · · · · · · · · · · · ·	27	City & State					Campaign Financing	<u> </u>		.00 May Be
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Zip 4	25	29	Zip	30	ע ווווע		Florida S	poration has liability fi statutes	orintangibie ∕es ∐No	tax unde	18 199.032,
	9. Name and Address of Currer		ered Agent				10. Name a	nd Address of Nev	v Registered	Agent	
		·			81	Name					
	R, NETTIE KE MANCY LANE, #124					Street Ad	dress (P.O. Box N	ress (P.O. Box Number is Not Acceptable)			
	PALM BEACH FL 33411				83						
					84	City				85	Zip Code
or registere	to the provisions of Sections 607.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	ida. Such i	change was authoriz	ed by the o	ove-r corp	named corp oration's bo	oration submits the pard of directors. I	is statement for the hereby accept the a	purpose of o	hanging i	ts registered office red agent. I am
SIGNATURE _	Symphese based or protect partie of registered agent	o and tille if or	olicable (N.C	OTF Banislara:	1 Agen	nt sonature recu	irad when re-netation)		DATE		
SIGNATURE _	Signature, typed or printed name of registered agent OFFICERS AN			OTE Registered	d Agen	nt signature requ	ed when reinstating) ADDITIO	NS/CHANGES TO C	DATE DEFICERS AN	ND DIREC	OTORS IN 12
	OFFICERS AN					it signature requ		NS/CHANGES TO C		ND DIREC	<u></u>
<b>12.</b> TITLE	OFFICERS AN PDT HANSER, NETTIE	ID DIRECT	IORS	13.	TITLE	nt signature requ		NS/CHANGES TO C			<u></u>
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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: SIGNATURE AND TYPED OR PRIN

4/16/96 (407)464-6220