

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 406393

(9)

1. Corporation Name

FIRST CARANITA CORPORATION

Principal Place of Business

27351 OAK SHADOW LANE
P.O. BOX 1107
MT. DORA FL 32757

Mailing Address

PO BOX 1107
MT. DORA FL 32757
US

FILED
Aug 26 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1972

4. FEI Number

59-1435484

Applied For

Not Applicable

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 27351 Oakshadow Lane

Suite, Apt. #, etc.

22

City & State

23 Mt. Dora, Florida

Zip

Country

24 32757

25

2a. Mailing Address

26 POB 1107

Suite, Apt. #, etc.

27

City & State

28 Mt. Dora, Florida

Zip

Country

29 32756-1107

30

9. Name and Address of Current Registered Agent

BARROWS, JEANNETTE B
27351 OAKSHADOW LANE
P.O. BOX 1107
MT. DORA FL 32757

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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 the 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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME
ST
BARROWS, JEANNETTE B
STREET ADDRESS
27351 OAK SHADOW LN
CITY-STATE-ZIP
LAKE JEM, FL 0

[] DELETE

TITLE

NAME
P
BARROWS, BURTON F
STREET ADDRESS
27351 OAK SHADOW LANE
CITY-STATE-ZIP
LAKE JEM FL

[] DELETE

TITLE

NAME
V
MILLER, JOHN D
STREET ADDRESS
10 DRAYTON ROAD
CITY-STATE-ZIP
HILLSBOROUGH CA

[] DELETE

TITLE

NAME
V
MILLER, ELIZABETH A.
STREET ADDRESS
103 MAGNOLIA OAK DRIVE
CITY-STATE-ZIP
LONGWOOD FL

[] DELETE

TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

[] DELETE

TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

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[] Change [] Addition

[] Change [] Addition

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.

SIGNATURE: *[Signature]* 7-8-98 352/383

CR2E034 (5/98)