

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

FILED
 Oct 09 1996 8:00 am
 Secretary of State

DOCUMENT # 473814 (2)

1. Corporation Name
CARTER DEVELOPMENT CORPORATION OF COCOA BEACH



Principal Place of Business Mailing Address
 11131 COLORADO AVE. KANSAS CITY MO 64137
 41 COUNTRY CLUB RD COCOA BCH FL 32931
 11131 COLORADO AVE. KANSAS CITY MO 64137
 41 COUNTRY CLUB COCOA BCH FL 32931

2. Principal Place of Business 2a. Mailing Address
 21 41 COUNTRY CLUB RD 26 41 COUNTRY CLUB ROAD
 State, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
 23 COCOA BEACH FL 28 COCOA BEACH
 Zip Country Zip Country

24 25 USA 29 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
 04/09/1975 10/02/1995
 4. FEI Number Applied For
 59-1724189 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

CARTER, MILDRED M.
 41 COUNTRY CLUB ROAD
 COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, MICHAEL	
STREET ADDRESS	1249 MEADOWLAKE PARKWAY	OK
CITY - ST - ZIP	KANSAS CITY MO	
TITLE	SDC	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, MILDRED	
STREET ADDRESS	41 COUNTRY CLUB ROAD	OK
CITY - ST - ZIP	COCOA BCH, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, MARION	
STREET ADDRESS	4370 KALAHEO DR. #3	
CITY - ST - ZIP	KALAHEO HI 96741	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, CARMEN M.	
STREET ADDRESS	300 COLUMBIA DR. #2304	
CITY - ST - ZIP	CAPE CANAVERAL FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FINLEY, EUWEL	
STREET ADDRESS	7340 ARGYLE TERR, NW	
CITY - ST - ZIP	WASHINGTON DC 20011	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	LOUDON, DONALD H.	
STREET ADDRESS	1008 WEST 67TH STREET	
CITY - ST - ZIP	KANSAS CITY MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	400001978934--2
3.4 CITY - ST - ZIP	-10/17/96--01072--008
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	***225.00 ***225.00
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	<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 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 617, Florida Statutes; and that my name appears in Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael S. Carter President Carter Development Corporation for Mildred Carter* 10/15/96 (816) 763-2046
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)