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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 488476 1. Corporation Name

CAREY INVESTMENT CORPORATION, INC.

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90003 028 ***150.00



Principal Place of Business Mailing Address			***			i implit dimit imitt imitt immin mitt mint i dimit andit andit atom asam asam caar			
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POST OFFICE BOX 308 POST OFFICE BOX 308 NEW PROT RICHEY FL 34656-0308 NEW PROT RICHEY FL 34656				908					
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					Ì	3. Date Incorporated or Qualifed		· · · ·	
	•					10/27/1975			
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	oplied For
		26				59-1648141		l N	ot Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.				,			Ádditional
─ 1 ' '	m, 610.	27				5. Certifcate of Status Desired		•	equired
City & Stat	4	City & State				6. Election Campaign Financing		\$5.00	May Be
- - '	5	28				Trust Fund Contribution			to Fees
23 Zip	Country	Zip Country				8. This corporation owes the cut	root voor loto		10 1 000
— ·		29 30	¬ ´			Personal Property Tax.	-	∏ Yes	□No
24	9. Name and Address of Current		<u>'</u>		l	10. Name and Address of New			
	9. Name and Address of Current	vehisteren vägirt	81	Nam	ne	TV. Hame and Address of Hem			•
WEF	NFR F V		L						
OAG 4932	MARLIN DR. CORPORATION	i, INC.	82	Stre	et Addres	s (P.O. Box Number is Not Accep			
	PORT RICHEY FL 34652	•	90			() 15 (eren, benefig einem Riger Eine et bet übe ünder Beite	a wakin baba	RISH SIZE IKE
****		•	83					***	911
			84	City		* 12.554		85 Zip	Code
DZGCY ZBSZYCE	Santa Inna	CONCINCIONE E LA TOR					<u> </u>	<u>l L</u>	
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									
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of Section 607.0505, Florida	onzed by a Statutes	เท ย 60 3.	irporation	S board of directors. Thereby acce	pt the appoint		gistered
7-11-99									
SIGNATURE Signature, typed or glyster harbe or registered agent and alle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO O			
TITLE	DP	☐ DELETE	1.1 TITLE					Change	Addition
NAME	BOYCE, W. H.		1.2 NAME			•			
STREET ADDRESS	4044 NEWPORT DR.		1.3 STREE	T ADDRES	ss				
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-S	T-ZIP					
TITLE	DVS	☐ DELETE	2.1 TITLE		 			☐ Change	Addition
NAME	WERNER, E. V.	_	2.2 NAME						
	4932 MARLIN DR.	•		TANDDE	pe				
STREET ADDRESS	NEW PORT RICHEY FL	A 1 3 4 5	2.3 STREE		55]				
CITY-ST-ZIP	T TONI MONE NEED TO THE TONI NEED TO THE	☐ DELETE	2.4 CITY-	ST-ZIP				☐ Change	Addition
TITLE WES	WENED & Manager		3.1 TITLE			0		- cuange	- Nadiuol)
NAME	WERNER, E. Von Ster, 1910	i. Pili.	3.2 NAME				•		
STREET ADDRESS	4932 MARLIN DR.		3.3 STREE	T ADDRES	ss	17. 福尔斯语诗题I	BETT HINE	"别"程。	翻翻翻翻
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4. CITY-	T-ZIP		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		J 338 446	545 366 38
TITLE		☐ DELETE	4.1 TITLE			Art - 13 Eliffic Mint	15. 集門 · 新香味養養	☐ Change	***** [] Addition
NAME OFFICE	. 6. 5	71. P (985** 1.3 (98	4.2 NAME						
			4.3 STREE	T ADDRES	ss				}
CITY-ST-ZIP		: `	4.4 CITY-S	T-ZIP				•	
TITLE		☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME	,		5.2 NAME						•
STREET ADDRESS	,		5.3 STREE	T ADDRES	ss				
			5,4 CITY-S	T-ZIP		The state of the s			, l
CITY-ST-ZIP TITLE	E-0-10-20-20-20-20-20-20-20-20-20-20-20-20-20	☐ DELETE	6.1 TITLE					☐ Change	Addition
	404 Kiyada, on		6.2 NAME					_ 5	_
NAME 3	AND PROPERTY OF THE PROPERTY O		6.3 STREE	TANDE	۱,	*			
STREET ADDRESS	ritie: " "		0.3 SIKEE	I WOUNE:	~	•			

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 an attachment with an address, with all other like empowered.

SIGNATURE