

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Madson  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **504099** (3)

1. Corporation Name

**CFC ENTERPRISES, INC.**



Principal Place of Business

1325 N FEDERAL HIGHWAY  
DELRAY BCH FL 33483

Mailng Address

1325 N FEDERAL HIGHWAY  
DELRAY BCH FL 33483

2. Principal Place of Business

21 1325 N. Fed Hwy  
State Apt # 11

22 City & State  
Delray Beach Fl

23 33483  
24 Palm Beach

2a. Mailing Address

26 1325 N. Fed Hwy  
State Apt # 11

27 City & State  
Delray Beach Fl

28 33483  
29 Palm Beach  
30 Palm Beach

3. Date Incorporated or Quoted	3a. Date of Last Report
05/26/1976	03/16/1995
4. FEI Number	Applied For / Not Applicable
59-1674240	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

CARPENTER, CAROL F.  
1118 N.W. 5TH AVE.  
DELRAY BEACH FL

81 Name	85 Zip Code
82 Street Address (P.O. Box Numbers Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 601.02(2) and 607.15(3), 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 607.15(3), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME: V LINCOLN, LYNDA 12.2 STREET ADDRESS: 3706 SHERWOOD BLVD DELRAY BEACH FL 12.3 CITY, STATE, ZIP: PT CARPENTER, CAROL F 1118 NE 5TH AVENUE DELRAY BEACH FL 12.4 NAME: T CARPENTER, CAROL F. 12.5 STREET ADDRESS: 1118 N.W. 5TH AVE. DELRAY BEACH FL 12.6 CITY, STATE, ZIP: [ ] DELETE 12.7 NAME: [ ] DELETE 12.8 STREET ADDRESS: [ ] DELETE 12.9 CITY, STATE, ZIP: [ ] DELETE 12.10 NAME: [ ] DELETE 12.11 STREET ADDRESS: [ ] DELETE 12.12 CITY, STATE, ZIP: [ ] DELETE	13.1 NAME: [ ] Change [ ] Addition 13.2 NAME: [ ] Change [ ] Addition 13.3 STREET ADDRESS: [ ] Change [ ] Addition 13.4 CITY, STATE, ZIP: [ ] Change [ ] Addition 13.5 NAME: [ ] Change [ ] Addition 13.6 STREET ADDRESS: [ ] Change [ ] Addition 13.7 CITY, STATE, ZIP: [ ] Change [ ] Addition 13.8 NAME: [ ] Change [ ] Addition 13.9 STREET ADDRESS: [ ] Change [ ] Addition 13.10 CITY, STATE, ZIP: [ ] Change [ ] Addition 13.11 NAME: [ ] Change [ ] Addition 13.12 STREET ADDRESS: [ ] Change [ ] Addition 13.13 CITY, STATE, ZIP: [ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is true, correct and does not qualify for the exemption stated in Section 119.04(3)(a), Florida Statutes. I further certify that this corporation may avoid or be exempt from the supplemental annual report as 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 and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the Board of Directors of the corporation.

SIGNATURE: Carol Fay Carpenter 1/18/96 4072781439  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)