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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT 1995 <i>3-29-95</i>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 512812 (9)

1. Corporation Name
CAROUSEL ENTERPRISES, INC.

Principal Place of Business 327-C TAMiami TRAIL PORT CHARLOTTE FL 33953	Mailing Address 327-C TAMiami TRAIL PORT CHARLOTTE FL 33953
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/22/1976	3a. Date of Last Report 06/13/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1687570	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SACCULLO, ANTHONY L
327-D TAMiami TRAIL
PORT CHARLOTTE, FL
33953

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE AS	SACCULLO, DOROTHY A	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAMiami TRAIL 327-C	1.2 NAME	
STREET ADDRESS	PORT CHARLOTTE, FL 00000	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE PD	SACCULLO, ANTHONY L	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAMiami TRAIL 327-C	2.2 NAME	
STREET ADDRESS	PORT CHARLOTTE, FL 00000	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE STD	SACCULLO, FLORENCE B	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAMiami TRAIL 327-C	3.2 NAME	
STREET ADDRESS	PORT CHARLOTTE, FL 00000	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE VD	SACCULLO, MARK A	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAMiami TRAIL 327-C	4.2 NAME	
STREET ADDRESS	PORT CHARLOTTE, FL 00000	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anthony L. Saccullo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANTHONY L. SACCULLO

5-2-95 *625-6513*
 (Date) (Telephone #)