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

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	/ - / - / - / /	ary of State CORPORATIONS		
DOCUN 1. Corporation	MENT # 5176	650 (8)			
CARO	CREATIONS, INC.				
Principal Place	of Business	Mailing Address		I IATHA BIIDI WEN IOTIO DINET TIN	ı BBH dibil giril bibil bibil bibil bibil
632 LAKE S MAITLAND F		PO BOX 143262 ALTAMONTE SRINGS	E1 2271#		
US	E VE131	US US	FC 32/19	3. Date incorporated or Qualified	3a. Date of Last Report
				11/02/1976	04/17/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
.11] Suite Apt.≠	f, etc.	Suite, Apt. #, etc		59-1704425	Not Applicable
2		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Z(p)	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
4	[25]	29	30	Florida Statutes X Yes	□No
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
BRADSI	IAW, CARO LEE			(DO D. 10.	
632 LAKE SHORE DR			82 Street Add	fress (P.O. Box Number is Not Acceptable	e)
MAITLAI	ND FL 32751		83		
			84 City		85 Zip Code
11. Pursuant to	the provisions of Sections 607.05	502 and 607.1508. Florida Statute	s the above-named corpor	oration submits this statement for the nurr	FL 8 20 Code
OF TEGRALOR	to agent, or both, in the state of ri	ionga. Such change was authorize	s, the above-named corporation's boa	oration submits this statement for the purp ard of directors. I hereby accept the appo	- 7 - 1 - 1
familiar wit	o the provisions of Sections 607.05 of agent, or both, in the State of Fi n, and accept the obligations of, S	ionga. Such change was authorize	s, the above-named corporation's boa	oration submits this statement for the purp ard of directors. I hereby accept the appo	- 7 - 1 - 1
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Oath, that I am an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/86