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Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 519786 (8)
1. Corporation Name
CARRIE ENTERPRISES, INC.



Principal Place of Business 4800 N. FEDERAL HIGHWAY SUITE 203B BOCA RATON FL 33431	Mailing Address 4800 N. FEDERAL HIGHWAY SUITE 203B BOCA RATON FL 33431-5145
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3. Date Incorporated or Qualified 11/29/1976	3a. Date of Last Report 03/08/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-1790437	Applied For 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 ABREU, MONICA L. 4800 N. FEDERAL HIGHWAY SUITE 203B BOCA RATON FL 33133

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 FL

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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ABEL, MARTIN J	1.2 NAME	
STREET ADDRESS	4800 N FEDERAL HWY	1.3 STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL	1.4 CITY- ST- ZIP	
TITLE	TAS	2.1 TITLE	☐ Change ☐ Addition
NAME	SEIDEN, MELVIN B	2.2 NAME	
STREET ADDRESS	4800 N. FEDERAL HWY.	2.3 STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL	2.4 CITY- ST- ZIP	
TITLE	DP	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBINS, GERALD	3.2 NAME	
STREET ADDRESS	4800N. FEDERAL HWY	3.3 STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON 00000 FL	3.4 CITY- ST- ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	ABREU, MONICA	4.2 NAME	
STREET ADDRESS	4800 N.FEDERAL HWY	4.3 STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	NEIBERT, LEE	5.2 NAME	
STREET ADDRESS	4800 N. FEDERAL HWY.	5.3 STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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 _____ Monica L. Abreu 3/17/97 (561) 750-0449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)