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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sendra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

529761

(9)

CONTROLL O CHILATIAL HADDOHNICO: HAC-	CARROLL'S	CREATIVE	INDUSTRIES,	INC.
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Principal Place of	of Business	Mailing Address			
11453 NW 39TH CT #112 CORAL SPGS FL 33065		11453 NW 39TH CT CORAL SPGS FL 3	# · · · •		
				3. Date Incorporated or Qualified 03/21/1977	3a. Date of Last Report 04/18/1995
2. Principal Piad	ce of Business	2a. Mailing Address		4. FEI Number  NOT APPLICABLE	Applied For
Suite, Apt. #	P <sup>†</sup> C	<b>26</b>		NOT AFFLICABLE	Not Applicable
22	, 6.0	27		5. Certificate of Status Desired	SB.75 Additional Fee Required
City & State	MET IN CREASE OF MAN AND CREATER OF THE CONTROL OF	City & State	Commence of the Commence of th	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zp TT	Country	- Zip	Country	8. This corporation has liability for	7
24	25 g. Name and Address of Curren	1 Registered Agent	30	Florida Statutes	No Registered Agent
	5. 110110 0110 11010 01 0011011	t trogistored rigott	81 Name	it, italic and Address of Itali	legistered Agent
FGNFR	, THEODORE K.			(D.O. D. N. J. N. J. N. A. J.	.1-
	. COMMERCIAL BLVD.		82 Street Add	ress (P.O. Box Number is Not Acceptat	леј
	JDERDALE FL 33334		83		
			84 City		<b>85</b> Zip Code
					<b>FL</b>
<ol> <li>Pursuant to or registere</li> </ol>	the provisions of Sections 607.0502 diagent, or both, in the Style of Flori:	and 607.1508, Florida Statu ta: Sura chango was authori	ites, the above named corporate by the comporation's box	ration submits this statement for the pure rd of directors. Thereby accept the app	rupse of changing its registered office
familiar with	i, and accept the obligations of, Secti	o i 607 0505, Florida Statute	's	To of checkers Thorony become the tipy	oriented registered agent. Fern
SIGNATURE _	onun nununun um .		2 (It - Re-unstance) Aspect suggesting to spine :		
12.	ignature itypiod or printed name of registere callent OFFICERS AN		13.	ADDITIONS/CHANGES TO OFF	DATE
THILE	P	DELETE	1 1 11/16	ADDITIONS CHANGES TO GIT	Change Addition
NAME	CARROLL, JOHN M.		1.2 NAME		_ , _
STREET ACORESS	11453 NW 39 COURT		1.3 STREET ADDRESS		
CHIY - ST - ZIP	CORAL SPRINGS FL		1.4 G!! ( - S! - ZIP		
TITLE		☐ DEFETE	2 ° TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STRUFT ADDRESS		
CITY-ST-ZIP		F 50, F16	2.4 CI*Y - S*- ZIP		F7 0
TITLE		☐ DELETE	3 1 THILE		Change Addition
NAME STREET ACIONESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4 CID + SY-ZIP		
TITLE		DELFTE DELFTE	4 1 [Htt		Change Addition
NAME		J	4.2 NAME		<u> </u>
STREET ADDRESS			4.3 STREET APPRESS		
CITY - \$1 - ZIP			4.4 CITY - ST - ZIP		
TITLE		[]] DELETH	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		e e e e e e e e e e e e e e e e e e e	5.4 C/TY - ST - ZIP		
TITLE		DELETE	6.1 ₹1/;€		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14   do hereby	certify that the information survivides	vita tais filma is valuntarily for	nushed and does not gual for	for the exemption stated in Section 119	07/30kt Florida Statutos Uturthor
certify that oath; <u>that t</u>	the information indicated on this annu- ant art office, or director of the corpo	ial ceport or supplemental an	nual report is true and accur: ec empowered to execute th	ate and that my signature shall have the is report as required by Chapter 607, Fl	same legal effect as if made under

certify that the information indicated on this angular upport or supplemental annual report is true and accurate and oath; that I am an office or breath of the Corporation or the receiver or trustee empowered to execute this report appears in Block 12 true and 18 ff grant jed, or eyan attachment with an address.

SIGNATURE

SIGN

4/rs/16 (954) 153992