## .FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(7)

## Jan 22 1997 8:00am Secretary of State

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**FILED** 

CUME poration Nam	N I #	588624	

CARO-CANA CORPORATION

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Principal Plac		Mailing Address			a somen meine imtot idsil State timbl fift?	ainti Binti alah 21211 dinsi atni 1701
3388 BARTLET ORLANDO FL		3368 BARTLETT BLVD. ORLANDO FL 32811-6402				
					3. Date Incorporated or Qualified 09/29/1978	3a. Date of Last Report 05/01/1996
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-1906906	Not Applicable
Suite, Apt	#, elc	Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional
<b>22 </b>   City & Stat	0	City & State				Fee Required
23	C	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zio	Country		This corporation has liability for it	Added to Fees
24	25	}	30			Yes No
	9. Name and Address of Curren				10. Name and Address of New Re	
BAR	CO, CARROLL S.		81	Name		
	O S. ORANGE BLOSSOM TRAIL		82	Street Add	ress (P.O. Box Number is Not Acceptab	(Al
	TE 214					
ORL	ando, fl fl		63			
			84	City	10 - 10 10 - 10 10 10 10 10 10 10 10 10 10 10 10 10	85 Zip Code
11. Pursuant	to larger many years of Sections 607.05.05	2 and 607 1508 Florida Statute	the above	-pamed cod	poration submits this statement for the p	FL 89 Zip Code
Office of r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was at	ithorized by	the corpora	tion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	Signature, ty indian printed harne of registered a je-	is at the it people store DIOTE	Brigistered Age	nt sincature requ	ired when reinstating)	DATE
12.	OFFICERS AND		13.	ut signature redu	ADDITIONS/CHANGES TO OFFIC	
TiTLE	PD	DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME	York, Gerald P.		1.2 NAME			
STREET ADDRESS	544 W. 32ND ST.		1.3 STREET	ADDRESS		
City-St-ZiP	CHARLOTTE NC		1.4 CITY-S	T-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE			Change Addition
NAME	WILLIAMSON, GARLAND		2.2 NAME			
STREET ADDRESS	14 TILBURY CT.		2.3 STREET	ADDRESS		
CITY-ST-ZIP	BRAMALEA, ONTARIO		2. 4 CITY - 5	T-ZIP	:	
TITLE	VDP	☐ DELETE	3.1 TITLE			Change Addition
NAME:	WILLIAMSON, LOCH N.		3.2 NAME			
STREET ADDRESS	1037 LA QUINTA ORLANDO FL		3.3 STREET	ADDRESS		
CITY-ST-ZIP	URLANDO FL	Driett	3.4. CHY-5	T-ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME PERFET ADDRESS			4. 2 NAME			
STREET ADDRESS			4.3 STREET			
CITY - ST - ZIP TITLE		DELETE	44 CITY-S	I - ZIP		Chacas I Addain
NAME			5 1 TITLE			Change Addition
STREET ADDRESS			5.2 NAME	ADDOCCO		
CITY-SI-ZiP			5 3 STREET	1		
IIITE		DELETE	54 CITY-S 61 TITLE	1 - ZIP		Change Addition
NAME			6.2 NAME			C overige C vooi(in)
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY OF THE			O J DITTLE O	ADDITION I		

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 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 attrachment with an address.

**SIGNATURE:**