## 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

DOCUMENT # 652110

(8)

CAROLE RAFT PROPERTIES, INC.

Principal Place of Business Mailing Address 4933 N UNIV DR 4933 N UNIV DR LAUDERHILL FL 33351 LAUDERHILL FL 33351-4506 3. Date Incorporated or Qualified 3a. Date of Last Report 01/04/1980 03/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1964606 21 26 Not Applicable Suite, Apt #, ctc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Country Zφ 8. This corporation has liability for intangible tax under s. 199.032. Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RAFT, CAROLE 4933 N UNIV DRIVE Street Address (P.O. Box Number is Not Acceptable) LAUDERHILL FL 33351 **R3** Zip Code 84 City 85 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 Signature by the or protect had end registered agont and little flapplicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) DELETE 1.1 TITLE Change Addition RAFT, CAROLE NAME 1.2 NAME CR2E034 4933 N. UNIVERSITY DR. 1.3 STREET ADDRESS STREET ADDRESS LAUDERHILL FL C-TY - ST - ZH 1.4 CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP C(1Y-ST-20 DELETE Change Addition 3.1 TITLE THE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY ST-709 DELETE Change Addition 41 TITLE THEF 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CHY-ST-ZIP DELETE TITLE 5.1 TITLE 5.2 NAME NAME 600002129416 -04/01/97--01006--023 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CHEY-SE-ZIP

14. If 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 13 if chapted, or on an attachment with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

12/97 748-7600 Dayline Priore

**FILED** 

Mar 31 1997 8:00am

Secretary of State