

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

FILED
Feb 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **856314**

(0)

1. Corporation Name
CARNI INVESTMENTS, INC.



Principal Place of Business 507 PRETTY PRAIRIE RD BATTLEGROUND IN 47820	Mailing Address 507 PRETTY PRAIRIE RD BATTLEGROUND IN 47820
---	---

2. Principal Place of Business 21 PO Box 2574		2a. Mailing Address 26 PO Box 2574		3. Date Incorporated or Qualified 05/03/1983	3a. Date of Last Report 02/16/1996
22 W. Lafayette IN		27 W. Lafayette IN		4. FEI Number 30-8446438	Applied For <input type="checkbox"/> Not Applicable
23 W. Lafayette IN		28 W. Lafayette IN		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 47906		25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 47906		30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BROWN II, NICKY L
5816 LITTLESTONE CT
N FT MYERS FL 33903**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BROWN, CAROL A.	1.2 NAME	BROWN CAROL A.
STREET ADDRESS	507 PRETTY PRAIRIE DR	1.3 STREET ADDRESS	PO Box 2337 / 2420 N Salisbury
CITY - ST - ZIP	BATTLEGROUND FL	1.4 CITY - ST - ZIP	W. LAFALETTE IN 47906
TITLE	VD	2.1 TITLE	VD
NAME	BROWN, NICKY L. II	2.2 NAME	BROWN, Nicky L.
STREET ADDRESS	5816 LITTLESTONE CT	2.3 STREET ADDRESS	PO Box 2337 / 2420 N Salisbury
CITY - ST - ZIP	N FT MYERS FL	2.4 CITY - ST - ZIP	W. LAFALETTE IN 47906
TITLE	SD	3.1 TITLE	SD
NAME	BROWN, NICKY L.	3.2 NAME	BROWN, Nicky L.
STREET ADDRESS	507 PRETTY PRAIRIE DR	3.3 STREET ADDRESS	PO Box 2337 / 2420 N Salisbury
CITY - ST - ZIP	BATTLEGROUND FL	3.4 CITY - ST - ZIP	W. LAFALETTE IN 47906
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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 attachment with an address.

SIGNATURE:

THOMAS L. BROWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0627612

CR2E034 (9/96)