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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # F12203** 

1997 (8)

**FILED** Mar 03 1997 8:00am Secretary of State

Principal Place	CAFFOLD, INC.  Ince of Business  STREET CHANDLER	Mailing Address 517 S. 33RD STREET C/O JOHN T CHANDLER FT PIERCE FL 34947-3511		3. Date Incorporated or Qualified	
				01/01/1981	02/05/1996
·n	Prace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	A # -1-	26 Suite, Apt. #, etc.		59-2111761	Not Applicable
j]	r *, ew.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Ζφ	Country	2(p	Country	8. This corporation has liability for	r intangible tax under s. 199.032,
1	25		30		Yes No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
	RAY, PATRICIA		81 Name		
	7 S 33RD ST. : Pierce Fl 34947		82 Street Add	fress (P.O. Box Number is Not Accepta	able)
FI.	FIENCE FL 34947		83		
			60		
			84 City		FL 85 Zip Code
		ations of, Section 607.0505, Flo	rida Statutes.		
GNATURE	Structure type for printed name of registered again	on and the frapplicable (NOTE D DIRECTORS	Registered Agent signature requ	ired when reinstaling) ADDITIONS/CHANGES TO OFF	
:GNATURE <b>2.</b> :u	Stricture (1), and are provided nature of requisered again OFFICE RS AN	ent and the if applicable (NOTE	Registered Agent signature required.  13. 1.1 TITLE		ICERS AND DIRECTORS IN 12
egnature 2. Due Ime	OFFICERS AN TO CHANDLER, PAULINE E.	on and the frapplicable (NOTE D DIRECTORS	Registered Agent signature requirements 13.  1.1 THLE  1.2 NAME		ICERS AND DIRECTORS IN 12
PGNATURE  2.  CLE  AME  FRST LADURESS	OFFICERS AN TO CHANDLER, PAULINE E.	on and the frapplicable (NOTE D DIRECTORS	Registered Agent signature requirements  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS		ICERS AND DIRECTORS IN 12
agent i BGNATURE  2. DIE BARE BARE BARE BARE BARE BARE BARE BAR	OFFICERS AN  TO CHANDLER, PAULINE E. 507 S 33RD ST FT PIERCE, FL 00000	on and the frapplicable (NOTE D DIRECTORS	Registered Agent signature requirements 13.  1.1 THLE  1.2 NAME		ICERS AND DIRECTORS IN 12  Change Addition
PGNATURE  2.  LE AME RESTRADURESS BY SUZAF	OFFICERS AN  TO CHANDLER, PAULINE E. 507 S 33RD ST FT PIERCE, FL 00000 DP CHANDLER, ERNEST E.	for a citate if applicante (NOTE D DIRECTORS DELETE	Registered Agent signature requirements  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		ICERS AND DIRECTORS IN 12  Change Additio
DIGNATURE  2.  ITHE  IAME  BEST ADDRESS  BEY SUZIE	OFFICERS AN  TO CHANDLER, PAULINE E. 507 S 33RD ST FT PIERCE, FL 00000  DP CHANDLER, ERNEST E. 507 S 33RD ST	for a citate if applicante (NOTE D DIRECTORS DELETE	Registered Agent signature required.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		ICERS AND DIRECTORS IN 12  Change Addition
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PGNATURE  2.  THE  AME  FEST FADURESS  ITY ST 26  THE FEADURESS  TY ST 26  THE	OFFICERS AN  TO CHANDLER, PAULINE E. 507 S 33RD ST FT PIERCE, FL 00000  DP CHANDLER, ERNEST E. 507 S 33RD ST FT PIERCE, FL 00000	for a citate if applicante (NOTE D DIRECTORS DELETE	Registered Agent signature required.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		ICERS AND DIRECTORS IN 12  Change Addition  Change Addition
CONATURE  2.  SILE  SME  BY SU ZUE  ILE  ME  BEEF ADDRESS  BY SU ZUE  ILE  ME  BEEF ADDRESS  BY SU ZUE  ILE  ME	OFFICERS AN TO CHANDLER, PAULINE E. 507 S 33RD ST FT PIERCE, FL 00000 DP CHANDLER, ERNEST E. 507 S 33RD ST FT PIERCE, FL 00000	ROY à cet de l'applicable (NOTE)  ID DIRE CTORS  DELETE  DELETE	Registered Agent signature required.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		ICERS AND DIRECTORS IN 12  Change Addition  Change Addition
GNATURE  2.  LE  ME  BS LADURESS  BY ST 20F  ILE  ME  ME BEELADURESS  LE  ME  ME  ME  ME  ME  ME  ME  ME  ME	OFFICERS AN  TO CHANDLER, PAULINE E. 507 S 33RD ST FT PIERCE, FL 00000  DP CHANDLER, ERNEST E. 507 S 33RD ST FT PIERCE, FL 00000  S GRAY, PATRICIA 517 S 33RD ST.	ROY à cet de l'applicable (NOTE)  ID DIRE CTORS  DELETE  DELETE	Registered Agent signature required.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		ICERS AND DIRECTORS IN 12  Change Addition  Change Addition
CONATURE  2.  LE  AME  BEST FADURESS  BY ST ZE  LE  MAS  BEST AFORESS  BY ST ZE  LE  MAS  BEST AFORESS  BY ST ZE	OFFICERS AN TO CHANDLER, PAULINE E. 507 S 33RD ST FT PIERCE, FL 00000 DP CHANDLER, ERNEST E. 507 S 33RD ST FT PIERCE, FL 00000	ROY à et cite il applicacie (NOTE  D DIRECTORS  DELETE  DELETE  DELETE	Registered Agent signature required.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change
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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 Larran officer or director of the cognitation or the receiver or trustee empowered to execute this report as required by Charge 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, prior an attachment with a vaddress.

**SIGNATURE:**