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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 10: 15

DOCUMENT # **F78424** (1)

1. Corporation Name
CARTER, RICE AND HARTMAN, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**53 NORTH OCEAN BLVD
POMPANO BCH FL 33062-5706**

Mailing Address
**53 NORTH OCEAN BLVD
POMPANO BCH FL 33062-5706**

3. Date Incorporated or Qualified
04/30/1982

3a. Date of Last Report
03/18/1994

2. Principal Place of Business

21 **47 North Ocean Blvd**

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24 25

2a. Mailing Address

26 **47 North Ocean Blvd**

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29 30

4. FEI Number
59-2191827

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**HARTMAN, CHRISTINA
53 NORTH OCEAN BLVD
POMPANO BCH FL 33062**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
47 North Ocean Blvd.

83

84 City

85 Zip Code
FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE **PSD**

NAME **HARTMAN, CHRISTINA**

STREET ADDRESS **53 NORTH OCEAN BLVD**

CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **VPD**

NAME **RICE, JOAN C.**

STREET ADDRESS **53 NORTH OCEAN BLVD.**

CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS **47 North Ocean Blvd.**

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS **47 North Ocean Blvd.**

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Christina Hartman* **CHRISTINA HARTMAN** 1/24/1995 (305) 946-7722
Signature and typed or printed name of signing officer or director. (Date)