


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

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Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90124 043 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002091

1. Corporation Name  
CARRABELLE, INC.

Principal Place of Business 200 GREENE ST. KEY WEST FL	Mailing Address 200 GREENE ST. KEY WEST FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/21/1994	
				4. FEI Number NOT APPLICABLE	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FISHER, MELVIN A  
200 GREEN STREET  
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name	Kim H. Fisher
82 Street Address (P.O. Box Number is Not Acceptable)	200 Greene St.
83	Key West, FL 33040
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

*Kim Fisher*  
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	PSDT	1.1 TITLE	President
NAME	FISHER, MELVIN A	1.2 NAME	Fisher, Kim H.
STREET ADDRESS	200 GREENE ST.	1.3 STREET ADDRESS	200 Greene St.
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	Key West, FL 33040
TITLE	AS	2.1 TITLE	Secretary
NAME	LEWIS, A E	2.2 NAME	Fisher, Dolores
STREET ADDRESS	216 W. COLLEGE AVE., #201	2.3 STREET ADDRESS	200 Greene St.
CITY-ST-ZIP	TALLAHASSEE FL 32301	2.4 CITY-ST-ZIP	Key West, FL 33040
TITLE	V	3.1 TITLE	Treasurer
NAME	FISHER, DOLORES E	3.2 NAME	Abt, Taffi Fisher
STREET ADDRESS	200 GREENE STREET	3.3 STREET ADDRESS	200 Greene St.
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	Key West, FL 33040
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 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, with all other like empowered.

SIGNATURE:

*Kim Fisher*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)