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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F94000004840 (4)

CARTE BLANCHE, INC.					
:					
Principal Pla	ce of Business	Mailing Address			
4400 N. FEDERAL HWY. 4400 N. FEDERAL HWY.					
GUITE 164 SUITE 164					
BOCA RATO	V FL 89428	BOCA RATON FL 33431-5181		6 Date Incompeted as Chalified	To- Date of Last Depart
				 Date Incorporated or Qualified 08/17/1994 	3a. Date of Last Report 05/01/1996
2, Principal	Place of Business	2a. Mailing Address		4. FEI Number 75-2529772	Applied For Not Applicable
] Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	B. This corporation has liability for	intangible tax under s. 199.032,
24	25	20 3	0		Yes No
ļ <u>.</u> .	9. Name and Address of Curren	it Hegistered Agent	B1) Name	10. Name and Address of New R	egistered Agent
	ODIG, GREGORY J		VINC	ENT G. REICHE	5 L .
1630 N. FEDERAL HWY.			82 Street Add	Iress (P.O. Box Number is Not Accepta	(ble)
FI.	LAUDERDALE FL 33305		83 470	1 nm 5 my	
			APT	. 203	
40			84 City BOCA	A CATON	FL 85 Zip Code
	t to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above-named cor	poration submils this statement for the	purpose of changing its registered
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		21013 01, 000,1011 001.0000, 11011	ou bidiatos.	4/27	197
BIGINATURE	Signature, typed or printed name of registered age	int and title if applicable (NOTE F	Registered Agent signature requ	rred when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	PSTD WHOCH O	☐ DELETE	1.1 TATLE		Change Addition
NAME	REICHEL, VINCEN G 22261 S.W. 66TH AVE.	•	1.2 NAME	BUADAS WHIPT	± 4203
STREET ADDRESS	BOCA RATON FL 33428		• '	111 1400	
CITY-ST-ZIP	BOOK HATON FL 33420	DELETE		BOCA RATON, F	\(\sigma \) 3343\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
TITLE NAME	1	Lad Decene	2.1 TITLE 2.2 NAME		Change C Addition
STREET ADDRESS	\		2.3 STREET ADDRESS		
-CITY-ST-ZIP.			2. 4 City-St-Zip		
TITLE		DELETE	3.1 TITLE		Change Addition
* NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		İ
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME	\		5.2 NAME		ļ
STREET ADORESS		l	5.3 STREET ADDRESS		
CITY-SY-ZIP	 	DELETE	5.4 CITY-ST-ZIP		Change
TITLE	(LJ VELETE	6.1 TITLE		Change Addition
NAME STOCKY ADDRESS		j	6.2 NAME		
STREET ADDRESS	(6.3 STREET ADDRESS		
CITY-ST-ZIP	 		6.4 CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·

4. 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.

CIONATUDE.

Wall Horoce C

11/27/0

FILED

Jun 09 1997 8:00am

Secretary of State