

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005265 (3)

1. Corporation Name

CAROUSELS TWO, INC.



Principal Place of Business

Mailing Address

P.O. BOX 917730
LONGWOOD FL 32791-7730

P.O. BOX 917730
LONGWOOD FL 32791-7730

2. Principal Place of Business

2a. Mailing Address

21 1086 Timberlane Trail

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

City & State

27 City & State

23 Casselberry, FL

28

Zip

Country

Zip

Country

24 32707

25

U.S.

29

30

3. Date Incorporated or Qualified

10/10/1994

3a. Date of Last Report

08/15/1995

4. FEI Number

22-3114753

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

10. Name and Address of New Registered Agent

RENNEBECK, BERND
370 SANSU CT.
LONGWOOD FL 32750

81 Name

Bernd Rennebeck

82 Street Address (P.O. Box Number is Not Acceptable)

1086 Timberlane Trail

83

84 City

Casselberry

FL

85

Zip Code 32707

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 client applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME P
STREET ADDRESS RENNEBECK, BERND
CITY - ST - ZIP 370 SANSU CT.
LONGWOOD FL 32750

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME P (ADDRESS ONLY) x
1.3 STREET ADDRESS Bernd Rennebeck
1.4 CITY - ST - ZIP 1086 Timberlane Trail
Casselberry, FL 32707 x

TITLE ☐ DELETE
NAME ST
STREET ADDRESS RENNEBECK, CAROL
CITY - ST - ZIP 370 SANSU CT.
LONGWOOD FL 32750

2.1 TITLE ST
2.2 NAME Carol Rennebeck
2.3 STREET ADDRESS 1086 Timberlane Trail
2.4 CITY - ST - ZIP Casselberry, FL 32707

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERND RENNEBECK

7/30/96

(407) 695-5800

Date

Telephone Number

CR2E034 (3/96)