

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000006224 (9)**

1. Corporation Name  
**JOHN CARROW LTD., CORPORATION**

Principal Place of Business  
**601 DUNMORE PLACE  
CAPITOL HEIGHTS MD 20743**

Mailing Address  
**601 DUNMORE PLACE  
CAPITOL HEIGHTS MD 20743**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/06/1994**

2. Principal Place of Business  
**21 SAME AS ABOVE**

Suite, Apt. #, etc.

22 City & State

24 Country

2a. Mailing Address  
**26 SAME AS ABOVE**

Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number  
**52-0780072**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CRISP, TRACY  
5903 FRONTAGE RD.  
TEMPLE TERRACE FL 33617**

10. Name and Address of New Registered Agent

81 Name

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

83

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
ROSENBERG, JUANITA  
12206 AUTUMNWOOD LANE  
TANTALLON MD**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
ROSENBERG, RAYMOND  
35 WILELINOR DR.  
EDGEWATER MD**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
ROSENBERG II, EUGENE  
4567 OLD SOLOMONS ISLAND ROAD  
HARWOOD MD**

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  
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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

*Raymond Rosenberg*

1-13-98

301-309-9191

CR2E034 (10/97)