

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

DOCUMENT # F94000006617 (4)

1. Corporation Name

CALIFORNIA CAROUSELS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 917730
LONGWOOD FL 32791-7730

P.O. BOX 917730
LONGWOOD FL 32791-7730

3. Date Incorporated or Qualified
12/28/1994

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

21 1086 Timberlane Trail

2a. Mailing Address

26 1086 Timberlane Trail

4. FEI Number

22-3246614

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

City & State

23 Casselberry, FL

City & State

28 Casselberry, FL

Zip

24 32707

Country

25 USA

Zip

29 32707

Country

30 USA

9. Name and Address of Current Registered Agent

RENNEBECK, BERND
370 SANSU CT.
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name (address only)

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 title, if applicable

(NOTE: Registered Agent signature is required when in writing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME RENNEBECK, BERND
STREET ADDRESS 370 SANSU CT.
CITY - ST - ZIP LONGWOOD FL 32791

TITLE ST ☐ DELETE
NAME RENNEBECK, CAROL
STREET ADDRESS 370 SANSU CT.
CITY - ST - ZIP LONGWOOD FL 32791

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P (address only) ☒ Change ☐ Addition
12 NAME Bernd Rennebeck
13 STREET ADDRESS 1086 Timberlane Trail
14 CITY - ST - ZIP Casselberry, FL 32707

21 TITLE ST (address only) ☒ Change ☐ Addition
22 NAME Carol Rennebeck
23 STREET ADDRESS 1086 Timberlane Trail
24 CITY - ST - ZIP Casselberry, FL 32707

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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

1/30/96

(407) 695-5800

CR2E034 (3/96)