

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

FILED
Mar 18 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|--|--|--|
| DOCUMENT # F95000005043 (3) | | | |
| 1. Corporation Name CARP AERO-MARINE CORPORATION | | | |
| Principal Place of Business 4550 US 1 GRANT FL 32949 US | | Mailing Address 4550 US 1 GRANT FL 32949-4909 US | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 State, Apt. #, etc. | | 26 Suite, Apt. #, etc. | |
| 22 City & State | | 27 City & State | |
| 23 Zip | | 28 Zip | |
| 24 Country | | 29 Country | |
| 25 | | 30 | |
| 9. Name and Address of Current Registered Agent CARPENTER, WILLIAM A % CARP AERO-MARINE CORPORATION 4550 U.S. 1 GRANT FL 32978 | | 10. Name and Address of New Registered Agent | |
| 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | 84 City | |
| 85 Zip Code | | FL | |
| 11. Pursuant to the provisions of Sections 607.0532 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 _____ DATE _____ | | | |
| (NOTE: Registered Agent signature required when reinstating) | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| NAME: CP <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: AARAS, KRISTIN | | 12 NAME | |
| STREET ADDRESS: 4550 U.S. HWY. 1 | | 13 STREET ADDRESS | |
| CITY, ST, ZIP: GRANT FL 32949 | | 14 CITY - ST - ZIP | |
| NAME: VST <input type="checkbox"/> DELETE | | 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: CARPENTER, WILLIAM | | 22 NAME | |
| STREET ADDRESS: 520 CROSS CREEK CIRCLE | | 23 STREET ADDRESS | |
| CITY, ST, ZIP: SEBASTIAN FL 32958 | | 24 CITY - ST - ZIP | |
| NAME: <input type="checkbox"/> DELETE | | 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: <input type="checkbox"/> DELETE | | 32 NAME | |
| STREET ADDRESS: <input type="checkbox"/> DELETE | | 33 STREET ADDRESS | |
| CITY, ST, ZIP: <input type="checkbox"/> DELETE | | 34 CITY - ST - ZIP | |
| NAME: <input type="checkbox"/> DELETE | | 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: <input type="checkbox"/> DELETE | | 42 NAME | |
| STREET ADDRESS: <input type="checkbox"/> DELETE | | 43 STREET ADDRESS | |
| CITY, ST, ZIP: <input type="checkbox"/> DELETE | | 44 CITY - ST - ZIP | |
| NAME: <input type="checkbox"/> DELETE | | 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: <input type="checkbox"/> DELETE | | 52 NAME | |
| STREET ADDRESS: <input type="checkbox"/> DELETE | | 53 STREET ADDRESS | |
| CITY, ST, ZIP: <input type="checkbox"/> DELETE | | 54 CITY - ST - ZIP | |
| NAME: <input type="checkbox"/> DELETE | | 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: <input type="checkbox"/> DELETE | | 62 NAME | |
| STREET ADDRESS: <input type="checkbox"/> DELETE | | 63 STREET ADDRESS | |
| CITY, ST, ZIP: <input type="checkbox"/> DELETE | | 64 CITY - ST - ZIP | |
| 14. 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 address. | | | |
| SIGNATURE: William Carpenter | | 3-12-97 | |
| SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |
| | | Daytime Phone: # | |
| | | 0110603 | |

CR2E034 (9/96)