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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G32172

(0)

CAROL A. SULLIVAN, INC.

SIGNATURE:

123/97 561-844299

FILED

Jan 30 1997 8:00am

Secretary of State

Principal Place 513 US HWY 1 NORTH PALM			Mailing Address 513 US HWY 1 STE 104 NORTH PALM BEACH FL 33408-4905				Date Incorporated or Qualified 3a. Date of Last Report				
							Date Incorporated or Qualified 04/06/1983		le of Last R 29/1996	ieport	
2. Principal Pl	lace of Business	2a. Mailing Address				4.	FEI Number 59-2281326	<u> </u>	 	oplied For	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				5.	Certificate of Status Desired		\$8.75	Additional equired	
City & State	e	City & State				t	Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 24	Country 25	Zip 29	30 Coi	untry			This corporation has liability for	intangible Yes	ax under s		
	9. Name and Address of C		1991	Γ.		10.	Name and Address of New Re	glatered A	gent		
FET	TERMAN, EVAN I.			B1	Name						
	US HWY #1			62	Street Add	drace (P	O. Box Number is Not Acceptate	ole)	 		
N P.	ALM BCH. FL 33408			-	OITOOT PAGG	unces (1	.o. box Hombor is Hot Floodplak	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				83						<u> </u>	
				64	City				85 Zip (Code	
				57	City		i e	FL	2.0	Code	
SIGNATURE	Signature Typed or primed name of legister	ed agent and little if applicable (f	VOTE: Registere		s. ent signature requ	ulred when		DATE		 	
12.	OFFICER:	S AND DIRECTORS DELETE	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	SULLIVAN, CAROL A.	LI UELETE	1.1 7						L Change	Addition	
NAME	1601 MARINA ISLE WAY	# 103		IAME							
STREET ADDRESS	JUPITER FL	r 100			ADDRESS						
CITY - S1 - ZIP TITLE	- OUTTEN LE	DELETE	1.4 C	ITY-S	T-ZIP				Change	Addition	
NAME				IAME						Property of the Section of	
STREET ADDRESS					ADORESS						
CITY - ST - ZIP					ST-ZIP						
TITLE		☐ DELETE	3.1 7		* * * * * * * * * * * * * * * * * * * *			1	Change	Addition	
NAME			3.2 N	IAME							
STREET ADDRESS			3.3 9	STREET	ADDRESS			•			
CITY-ST-ZIP			3.4.	CITY-!	ST-ZIP						
TITLE		☐ DELETE	4.1 1	TLE					Change	Addition	
NAME			4. 2	NAME							
STREET ADDRESS			4.3 9	STREET	ADDRESS						
City-St-7iP				ITY-S	T - ZIP				— a.	1 1	
THILE		☐ DELETE	5.1 1						Change	Addition	
NAME				VAME							
STREET ADDRESS					AODRESS		•				
CITY - ST - ZIP TITLE		DELETE	5.4 C	CATY - S	ol • ZIP				Change	Addition	
NAME		Las pettite	1	NAME	}				المراسين الم	- Andiron	
STREET ACORESS					AODRESS						
CITY-ST-ZIP			1		ADUHESS ST-ZIP						
14 Ldo borol	L	oplied with this filing does not a	rality for the	0.00	motion state	ed in Se	ction 119.07(3)(i), Florida Statute	s. Hurther	certify that	the	
information Lam an o	or) indicated on this annual repo- ifficer or director of the corporat	t or supplemental annual report on or the receiver or trustee emp	is true and	acci	urate and tha	at my si ort as re	gnature shall have the same lega- equired by Chapter 607, Florida S	al effect as Statutes; ar	if made un	ider oath; that name	