	PROFIT RPORATION IUAL REPORT 1996		Sandra Secreta	RTMENT OF STATE B. Mortham ary of State CORPORATIONS		
1. Corporati	JMENT # GA CARLIN CORPORAT	18847 TION	(9)		à 100/de la anno ango de de desar a cons	: 1861 87811 87810 STATT BEST BEST BEST TOOL
Principal Pla	ce of Business	Mail	ling Address		[	
P. O. BOX 1 THONOTOSA	407 ASSA FL 33592		O. BOX 1407 ONOTOSASSA FL 335	92		
0 0/	S (6)				3. Date Incorporated or Qualifie 07/14/1983	3a. Date of Last Report 03/01/1995
z. Principal i	Place of Business	2a. A	Mailing Address		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt	t.#, etc	<del></del>	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
City & Sta	ite	27	City & State		6. Election Campaign Financing	Fee Required  \$5.00 May Be
Zip	Country	28	Zip	Country	Trust Fund Contribution	Added to Fees
4	25	29		30	Florida Statutes	or intangible tax under s. 199 032, Yes No
	9. Name and Address CARPO, ARTHUR	s of Current Register	red Agent	. 81 Name	10. Name and Address of New I	Registered Agent
RC	OUTE 2, BOX 367 MPA FL 33610			82 Street Add	dress (P.O. Box Number is Not Accept	able)
	to the provisions of Section registered agent, or both, in am familiar with, and accep	ns 607.0502 and 607. In the State of Florida of the obligations of, Se	1508, Florida Statute Such change was a ection 607.0505, Flo	84 City es, the above-named corputationized by the corporational Statutes.	poration submits this statement for the tion's board of directors. I hereby acce	PL 85 Zip Code purpose of changing its registered apt the appointment as registered
SIGNATURE	Signature Typed or printed name of	registered agent and litle if an	ppicable (NOT)	ss, the above named corporating the corporating Statutes.	and when reinstang)	purpose of changing its registered put the appointment as registered
SIGNATURE	Signature typed or printed name of OFF	ir the obligations of, of	ppicable (NOT)	es, the above named corporat uthorized by the corporat rida Statutes.		purpose of changing its registered opt the appointment as registered  OA'L  ICERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	S gnature typed or pented name of OFF PD SCARPO, ARTHUR 8707 W. KNIGHTS C	registered agent and lide if an	opicable (NOT)	es, the above named corporating Statutes.  Registered Agent squarure requirements.	and when reinstang)	purpose of changing its registered put the appointment as registered
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature typed or printed name of OFF PD SCARPO, ARTHUR 8707 W. KNIGHTS GPLANT CITY FL D	registered agent and lide if an	opicable (NOT)	es, the above-named corputhorized by the corporating Statutes.  Beginner Agent signature requirements 13.  11 TITLE  12 NAME	and when reinstang)	purpose of changing its registered upt the appointment as registered  OAYE  CHANGE  Change  Addition
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