SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

FILED Jul 13, 1999 8:00 am Secretary of State

07-13-1999 90014 045 ***550.00

CARHIC	K REALTY CORPORATION	V				
Principal Place	e of Business	Mailing Address				
% ELEANOR I		% ELEANOR L. CURRAN				
532 12TH AVENUE S. 532 12TH AVENUE S.						
NAPLES FL 33940 NAPLES FL 33940						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 08/31/1983
2. Principal Place of Business 2a. Mailing Address			•			4. FEI Number Applied For
21 26						59-2343562 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional
27						Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23		28	-			Trust Fund Contribution Added to Fees
Zip	Country	Zip	\vdash	untry		8. This corporation owes the current year
24	25	29	30			intangible Personal Property. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Curr	ent Kegisterea Agent		81	Name	10. Name and Address of New Registered Agent
Cui	rran, eleanor L.				I Vallic	:
532 12TH AE. S.				82 Street Address (P.O. Box Number is Not Acceptable)		
	TE 1600			83	 	
NAI			0.5			
				84	City	FL 85 Zip Code
	,	F00 1007 4500 F1-14- Ot-64		<u> </u>		corporation submits this statement for the purpose of changing its registered
office or agent. I	registered agent, or both, in the Sta am familiar with, and accept the ob Signature, typed or printed name of registered a	ligations of, section 607.0505, FI	orida Sta	atutes	S .	oration's board of directors. I hereby accept the appointment as registered in required when reinstating) DATE
12.		AND DIRECTORS	13		Agus aithrasa	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	DELETE	_	TITLE		Change Addition
NAME	CURRAN, ELEANOR	DELETE	1,2 !	1.2 NAME		
STREET ADDRESS	500 40711 11/5 0		1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	114 PL CO CL 00000		1,4 (1.4 CITY-ST-ZIP		
TITLE	TD	DELETE	2.1	2.1 TITLE		Change Addition
NAME	CURRAN, RICHARD W.		2.2 NAME			1
STREET ADDRESS	25 WOOLWORTH STREET		2.3 5	STREET	ADDRESS	
CITY-ST-ZIP	LONGMEADOW MA		2.4	CITY-ST	r-zip~:	
TITLE		DELETE	3.1	TITLE		Change Addition
NAME			3.21	NAME		
STREET ADDRESS			3.3 9	STREET	ADDRESS	
CITY-ST-ZIP			3.4 0	CITY-S1	r-zip	
TITLE		DELETE	4.1	TITLE		Change Addition
NAME			421	NAME		
STREET ADDRESS			4.3 9	STREET	ADDRESS	
CITY-ST-ZIP			4.4 (CITY-S1	T-ZIP	
TITLE		DELETE	5.1	TITLE		Change Addition
NAME			5.2 ?	NAME		
STREET ADDRESS			5.3 5	STREET	ADDRESS	
CITY-ST-ZIP			5.4 (CITY-S1	T-ZIP	
TITLE		DELETE	6.1	TITLE		Change Addition
NAME			6.21	NAME		
STREET ADDRESS			6.3 5	STREET	ADDRESS	
CITY-ST-ZIP	i		644	CITY-S1	T_71D	

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: Eleanate Curytum Grendent
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR