2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G62367

GANTT, RAGAN

SIGNATURE

11.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE NAME

NAME

TITLE

NAME

CITY-ST-ZIP

8220 SUNSET DRIVE SOUTH MIAMI FL 33143

9. This corporation is eligible to satisfy its Intangible

WITTE, DENNIS C

PO BOX 430240

MIAMI FL 33243

WITTE, DENNIS C

PO BOX 430240

MIAMI FL 33243

Tax filing requirement and elects to do so.

(See criteria on back)

PVST

CARL SERV	ICE CORP.		
Principal Place of Business		Mailing Address	
		P.O. BOX 430240 South Miami Fl. 33243-0240	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

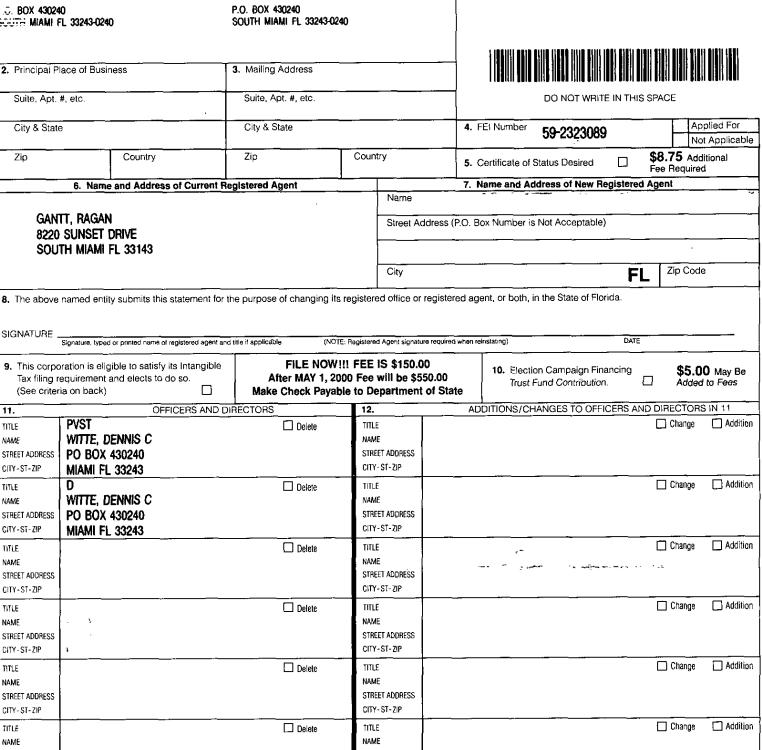
6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

FILED May 09, 2000 8:00 am Secretary of State

05-09-2000 90084 050 ***150.00



13. 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 report or suppliemental 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 reserver of trustee employee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

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NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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