SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G68445

(7)

FILED Sep 16 1997 8:00am Secretary of State

THE CARRIAGE CORNER, INC.					
Principal Place of Business	Mailing Address			E LABRINI DAMA ANSAR MENIN ANANY ALARA ALIA ANANY ANANY ARANY ANANY ARANY ANANY ARANY ANANY ARANY ANANY ARANY	
551 MAJESTIC WAY P.O. BOX 160216 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL		IGS FL 32716		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 3a. Date of Last Report	
				1	
2. Principal Place of Business	2a, Mailing Address	3		11/08/1983 03/27/1996 4. FEI Number Applied For	
21	26			59-2381754 Not Applica	_
Suite, Apt. #, etc.	Suite, Apt. #, etc	C.		5 Certificate of Status Desired \$8.75 Additional	
City & State	City & State			Fee Required	
23	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country	Zip	Cou	intry	This corporation owes or has paid the current year Intangible	\neg
24 25	29	30		Personal Property Tax due June 30. Yes No	
9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Registered Agent	
JUHL, IRVING			81 Name	θ	
₹ 551 MAJESTIC WAY			82 Street	t Address (P.O. Box Number is Not Acceptable)	_
ALTAMONTE SPRINGS FL 3271	4		83	77114	_
			03		Ì
•			84 City	FL 85 Zip Code	
agent. I am familiar with, and accept the o	.0502 and 607.1508, Florida S State of Florida. Such change obligations of, Section 607.050	Statules, the a was authorize 05, Florida Sta	l I bove-named d by the corp lutes.	d corporation submits this statement for the purpose of changing its register proporation's board of directors. I hereby accept the appointment as registered	ed d
SIGNATURE Signature, typed or printed nance of registers					
	ed agent and the it applicable	(NOTE Registere	d Agent signature	re required when reinstating) DATE:	-
12. OFFICERS	AND DIRECTORS	13.	d Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. OFFICERS TITLE DP		13.			tion
12. OFFICERS TITLE DP NAME JUHL, IRVING	AND DIRECTORS	13. E 1.1 3 1.2 N	TLE AME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	tion
12. OFFICERS TITLE DP NAME JUHL, IRVING STREET ADDRESS 551 MAJESTIC WAY	AND DIRECTORS DELETI	13. E 1.1 T 1.2 N 1.3 S	TLE Ame Treet adoress	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	tion
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I do heréby 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.