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**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8)

## **FILED** Jan 20 1998 8:00am Secretary of State

, iyikin t	CARTER FINANCIAL SERVI	CES, INC.								
Principal Plac	ce of Business	Mailing Address				-{	IRI EIRII DIDI	H BIBA BIBAN	OLDUI ALBUI UARI	
2215 SOUTH 3RD ST 2215 SOUTH 3RD ST SUITE 203 SUITE 203 JACKSONVILLE BCH FL 32250 JACKSONVILLE BCH FL 32250						DO NOT WRITE	IN THIS S	SPACE		
						3. Date Incorporated or Qualified				٦
						03/13/1984				
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			Applied For	1
21		26				59-2628258			Not Applicable	7
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22	- <u></u>	27				Gr Continuate of Clares Educate		Fee	Required	1
City & Stat	te	City & State				6. Election Campaign Financing			O May Be	
23		[28]	T			Trust Fund Contribution			d to Fees	
Zip	Country	Zip		intry		8. This corporation owes or has pa			ntangible No	1
24	25 25 9. Name and Address of Curren	29	30	<del></del>		Personal Property Tax due June  10. Name and Address of New Re		X.,,,,,,	140	4
		i ilagistorea Agerri		B1 Na	ame	10. Hallio alla Radiess of Herr Ho	Sistoled )	- goint		1
	Olbrook, Kathleen F. 301 independent square									╛
	NE INDEPENDENT DRIVE			<b>82</b> St	eet Addre	ess (P.O. Box Number is Not Acceptab	ole)			
	ACKSONVILLE FL 32202			83						┨
9/	ONGONALLE PL DESUS									╛
				<b>84</b> Ci	ty		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607 050:	2 and 607 1508. Florida Statu	tes the a	hove-nai	med corno	pration submits this statement for the n		changing	its registered	-
office or i	registered agent, or both, in the State	of Florida. Such change was	authorize	d by the	corporation	oration submits this statement for the pon's board of directors. I hereby accep	ot the app	ointment a	is registered	1
	am raminar with, and accept the obliga	Hillons of, Section 607.0505, Fi	orida Sta	iutes.						
SIGNATURE										1
	Signature, typed or printed name of registered age:	nt and title if applicable. (NO)	TE: Registere	d Agent sig	nature require	d when reinstating)	DATE			1~
12.	Signature, typed or printed name of registered age:  OFFICERS AND		TE: Registere	d Agent sig	nature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTO	DRS IN 12	16
12.					nature require			DIRECTO		10/97
	OFFICERS AND PST CARTER, MARY F.	D DIRECTORS	13.	TLE	nature require					34 (10/97)
TITLE	OFFICERS AND PST CARTER, MARY F. 2215 3RD ST 8, #203	D DIRECTORS	13. 1.1 TI 1.2 N	TLE						
TITLE NAME	OFFICERS AND PST CARTER, MARY F.	D DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	TLE AME	ESS					R2E034 (10/97)
TITLE NAME STREET ADORESS	OFFICERS AND PST CARTER, MARY F. 2215 3RD ST 8, #203 JACKSONVILLE BCH FL D	D DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	TLE AME TREET ADDR TY-ST-ZIP	ESS				Addition	
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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.