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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

CARLAN CONCERNICATION INC

FILED Jan 29 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 5508 SE 8TH ST OCALA FL 34471-3501 US Description of Business Ocala FL 34471-3501 US											
								3. Date Incorporated or Qualified 06/13/1984		te of Last F 19/1996	Report
2. Principal F	Place of Busin	icss	2a. Mailir 26	ng Address				4. FEI Number 59-2575007		F	pplied For of Applicable
Suite, Apt	#, etc			, Apt. #, etc.				5. Certificate of Status Desired			Additional
2			27						<u> </u>	Fee R	equired
City & Stat	te		<u> </u>	& State				6. Election Campaign Financing			May Be
Zip		Country	28 Zip		Cou	ntry		Trust Fund Contribution 8. This corporation has liability for			to Fees
24		25	29		30	·] No	3. 100.0027
	g, Name	and Address of Cui	rrent Registered	Agent				10. Name and Address of New Re	gistered .	\gent	
	NETT, JOH				Ī	81	Name				
101 N.E. 1ST AVENUE Ocala fl						82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
-					Ì	83		***************************************			<u> </u>
						84	City		FL	85 Zip	Code
44 Parauant	to the provin	ione of Contions (f17	0502 and 607 150	18. Elorida Crati	toe the of		named corn	oration submits this statement for the pon's board of directors. I hereby accept		changing i	te registered
agent. Fa	am familiar wi	th, and accept the of	bligations of, Sect	ion 607.0505, F	-lorida Stati	utes -					
SIGNATURE.	Slignature, typed	or perilled name of regedere:	·———————					d when reinstating)	DATE		
12.			d agent and title if applic AND DIRECTORS	3	OTE: Registered	Ageni			DATE	DIRECTO	RS IN 12
12.	DP	OFFICERS	·———————		TE: Registered	Agent		d when reinstating)	DATE		RS IN 12
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14. I do hereby certify that the information symbiled 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 final 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 Burder 13 V shapped, or on an attachment with an address.

SIGNATURE:

JOHN E. FABIAN, JR. 01/31/97

(352)694-5000