FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H49811** **(3)**

1. Corporation Name

CARRIAGE TRADE OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
% EDWARD G. DE LUDE 103 E. LAUREN CRT. FERN PARK FL 32730-2217	% EDWARD G. DE LUDE 103 E. LAUREN CRT. FERN PARK FL 32730-2217

3. Date Incorporated or Qualified: 03/28/1985
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 1109 Ulster Road
22: Suite, Apt. #, etc.
23: City & State: Apopka, FL
24: Zip: 32712
25: Country: USA

2a. Mailing Address
26: % Philip A. Camin
27: Suite, Apt. #, etc.: 345 E. SR 436 Ste 101
28: City & State: Fern Park FL
29: Zip: 32730
30: Country: USA

4. FEI Number: 59-2540667 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RAMPARSAD, STEPHEN.
6413 FORTUNE LANE.
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name: Philip A. Camin
82 Street Address (P.O. Box Number is Not Acceptable): 345 E. SR 436
83: Suite 101
84 City: Fern Park FL 85 Zip Code: 32730

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Philip A. Camin 4/24/96
Signature, type or print name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	RAMPERSAD, STEPHEN		1.2 NAME		
STREET ADDRESS	6413 FORTUNE LANE.		1.3 STREET ADDRESS	1109 ULSTER ROAD	
CITY-ST-ZIP	APOPKA FL		1.4 CITY-ST-ZIP	APOPKA FL 32712	
TITLE	SD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	RAMPERSAD, AUDREY		2.2 NAME		
STREET ADDRESS	6413 FORTUNE LANE.		2.3 STREET ADDRESS	1109 ULSTER ROAD	
CITY-ST-ZIP	APOPKA FL		2.4 CITY-ST-ZIP	APOPKA, FL 32712	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Audrey Rampersad Audrey Rampersad 2-15-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #