SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

APPROVED

CI UNM RP

|   | ANNUAL REPORT Secreta  1998 DIVISION OF C                    |   |   |  |                         |   |   | SECRETARY OF STATE FALLAHASSEE, FLORIDA  |                   |                             |  |  |
|---|--|---|---|--|-------------------------|---|---|--|-------------------|-----------------------------|--|--|
|   | DOCUI<br>1. Corporation                                      | MENT #                                    | н79155  |  | -                       |   |   | TALLAHÄSSEE, F   | LORIDA            |                             |  |  |
|   | CARPE  | NTER DECO                                 | RATING OF FI  | LORIDA, INC.   |                         |   | !   |  |                   |                             |  |  |
| t   | Principal Place  | e of Business                             | <del></del>   |  |                         |   |   |  |                   |                             |  |  |
| Principal Place of Business Mailing Address  13301 SW 131 STREET  MIAMI, FL 33186 |  |   |   |  |                         |   |   | DO NOT WRITE IN 1  | THIS SPACE        | ,                           |  |  |
|   |  |   |   | 3. Date incorporated or Qualified 10/03/1985   |                         |   |   |  |                   |                             |  |  |
| F   | Principal Place of Business     2a. Mailing Address          |   |   |  |                         |   |   | 4. FEI Number  | \ <del></del>     | oplied For                  |  |  |
| ľ   | 26       26  |   |   |  |                         |   |   | 59-2641962   | ¢0 75             | ot Applicable<br>Additional |  |  |
| 1   | 22 27  |   |   |  |                         |   |   | 5. Certificate of Status Desired   |                   | equired                     |  |  |
|   | City & State   |   |   | City & State   |                         | Election Campaign Financing     Trust Fund Contribution |   | May Be<br>to Fees  |                   |                             |  |  |
| -   | Zip  |   | Country   | Zip  | <del></del>             | intry   |   | 8. This corporation owes or has paid the   |                   |                             |  |  |
| ľ   | 24 25 29 30  9. Name and Address of Current Registered Agent |   |   |  |                         |   |   | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent    |                   |                             |  |  |
| ŀ   |  | J. Hame and                               | Address of Outrem.                                  | ·  | sted Agent              |   |   |  |                   |                             |  |  |
| ١   |  | L CARPENTI                                |   |  |                         |   | NTHONY DEPASQUALE   |  |                   |                             |  |  |
| 8541 SW 150 TERRACE 82  |  |   |   |  |                         |   | Address (P.O. Box Number is Not Acceptable) 13301 SW 131 STREFT |  |                   |                             |  |  |
| 1   | TIMAIY,  | FL 33158                                  | 3   |  |                         |   |   |  |                   |                             |  |  |
|   |  | $\sim$                                    |   |  | MTAN                    |   | FL 85 Zip   | Code<br>86   |                   |                             |  |  |
| ţ   | 11. Pursuant t   | to the provisions o                       | Sections 607.0502 a                                 | pd \$07,1508, Florida Statute  | s, the at               |   |   |  | e of changing its | registered                  |  |  |
|   | office or re   | egistered agent, o<br>m familier with, an | r both, in the State of<br>d account the obligation | Florida. Such change was a<br>one of, Section 607,0505. Flo  | uthorized<br>rida Stati | by the corpo  | oration'  | ation submits this statement for the purpos<br>s board of directors. I hereby accept the a | appointment as re | egistered                   |  |  |
| 1   | SIGNATURE _  | (1/1                                      | ed name of registered agent a                       | assual   | H                       | nthon   | <u> 4 1)</u>  | e tosawale ties. Illu  | 98                |                             |  |  |
| t   | 12.  |   | OFFICERS AND  |  | 13.                     | /   | D.D.E.  | S ADDITIONS/CHANGES TO OFFICERS  | AND DIRECTOR      | RS IN 12 69                 |  |  |
| Ī   | TITLE  | DV<br>CARROLL C                           | סיפיווואיזססעני                                     | <b>△</b> DELETE  | 1.1 Ti                  | TLE   | l   |  | Change            | Addition CO                 |  |  |
| 1   | NAME 8541 SW 150 TERRACE                                     |   |   |  |                         |   |   | HONY DEPASQUALE<br>733 SW 150 PLACE  |                   | 34.                         |  |  |
| STREET ADDRESS MTAMT FT. 33158  |  |   |   |  | TREET ADDRESS           |   | MI, FL 33157  |  | ជ្ជ               |                             |  |  |
| -   | CITY-ST-ZIP  | Tr  |   | DELETE     ■ DELETE | 1.4 C                   | TY-ST-ZIP   |   | ./ TRES.   | Change            | Addition O                  |  |  |
| Ì   | TITLE  | LIBBY CAR                                 | PENTER  | E3 000016  | 2111<br>22N             |   | ]   | FRED.  | Tim Challys       | Audition                    |  |  |

| agent, I am familiar with, and accepts the deligations of, Section 607.0505, Florida Statutes |  |                 |                     |  |              |            |  |  |  |  |  |  |
|---|--|-----------------|---------------------|--|--------------|------------|--|--|--|--|--|--|
| SIGNATURE .   | Incha GI as  | anal            | Hnyhon              | <u>4 De l'asgualle tres //lu l</u>       | 98           |            |  |  |  |  |  |  |
|   | Signatule, upped or printed name of registered agent and little if a |                 |                     | yequired when reinstating) DA            | E .          |            |  |  |  |  |  |  |
| 12.   | OFFICERS AND DIRECT  |                 | 13.                 | PRES ADDITIONS/CHANGES TO OFFICERS       | AND DIRECTOR | S IN 12    |  |  |  |  |  |  |
| TITLE   | CARROLL CARPENTER  | <b>△</b> DELETE | 1.1 TITLE           | ANTHONY DEPASQUALE                       | Change       | ☐ Addition |  |  |  |  |  |  |
| NAME  | 8841 SW 150 TERRACE  |                 | 1 2 NAME            | 18733 SW 150 PLACE                       |              |            |  |  |  |  |  |  |
| STREET ADDRESS  | MIAMI, FL 33158  |                 | 1 3 STREET ADDRESS  | 1  |              |            |  |  |  |  |  |  |
| CITY-ST-ZIP   |  |                 | 1.4 CITY - ST - ZIP | MIAMI, FL 33157                          |              |            |  |  |  |  |  |  |
| TITLE   | T  | ZA DELETE       | 2 1 TITLE           | SEC./ TRES.                              | ♣ Change     | Addition   |  |  |  |  |  |  |
| NAME  | LIBBY CARPENTER  | •               | 2 2 NAME            | JEFFREY M. GREENBERG                     |              |            |  |  |  |  |  |  |
| STREET ADDRESS  | 8541 SW 150 TERRACE  |                 | 2 3 STREET ADDRESS  | 11790 SW 89 STREET                       |              |            |  |  |  |  |  |  |
| CITY-ST-ZIP   | MIAMI, FL 33158  |                 | 2 4 CITY-ST-ZIP     | MIAMI, FL 33186                          |              |            |  |  |  |  |  |  |
| 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    | <u> </u>                                 |              |            |  |  |  |  |  |  |
| TITLE   |  | DELETE DELETE   | 4.1 TITLE           | 47-47-47-47-47-47-47-47-47-47-47-47-47-4 | ☐ Change     | Addition   |  |  |  |  |  |  |
| NAME  |  |                 | 4, 2 NAME           | 6000026;<br>-11/17/20                    | 83381        | 55         |  |  |  |  |  |  |
| STREET ADDRESS  |  |                 | 4,3 STREET ADDRESS  |  | au1037-      | D1O        |  |  |  |  |  |  |
| CITY-ST-ZIP   |  |                 | 4.4 CITY - ST - ZIP | *************************************    | .25 ****     | ₩61.25     |  |  |  |  |  |  |
| TITLE   |  | ☐ DELETE        | 51 TITLE            |  | ☐ Change     | Addition . |  |  |  |  |  |  |
| NAME  |  |                 | 5.2 NAME            | ļ  |              |            |  |  |  |  |  |  |
| STREET ADDRESS  |  |                 | 5 3 STREET ADDRESS  |  |              |            |  |  |  |  |  |  |
| CITY - ST - ZIP   |  |                 | 5.4 CITY - ST - ZIP | <u> </u>                                 |              |            |  |  |  |  |  |  |
| TITLE   |  | DELETE          | 6 1 TITLE           | 1  | Change       | Addition   |  |  |  |  |  |  |
| NAME  |  |                 | 62 NAME             | XY [6] )                                 | No.          |            |  |  |  |  |  |  |
| STREET ADDRESS  |  |                 | 6.3 STREET ADDRESS  | $P_{c}$                                  | <i>y</i>     |            |  |  |  |  |  |  |

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 inflactment with any address?

SIGNATURE: