

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Teresa B. Marzoff  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H84012** (4)

1. Corporation Name  
**CAROLE JOSEPH, INC.**

Principal Place of Business: **20209 NE 15TH COURT NORTH MIAMI BEACH FL 33179**  
Mailing Address: **20209 NE 15TH COURT NORTH MIAMI BEACH FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/31/1985</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2626882</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.04, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt # etc	26. State Apt # etc
22. City & State	27. City & State
24. Country	30. Country

9. Name and Address of Current Registered Agent

**JOSEPH, IRVIN  
20209 NE 15TH CT.  
NORTH MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.02(2) and 607.04(1), 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations set forth in 607.04(1), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	<b>PD JOSEPH, CAROLE 1810 NE 198TH TERRACE N MIAMI BEACH FL</b>	13.01	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
NAME		13.02 NAME	<b>Joseph, Carol</b>
STREET ADDRESS		13.03 STREET ADDRESS	
CITY		13.04 CITY	
STATE		13.05 STATE	
ZIP		13.06 ZIP	
OFFICER	<b>TD IRVIN, JOSEPH 1810 NE 198TH TERRACE NORTH MIAMI BEACH FL</b>	13.07	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
NAME		13.08 NAME	
STREET ADDRESS		13.09 STREET ADDRESS	
CITY		13.10 CITY	
STATE		13.11 STATE	
ZIP		13.12 ZIP	
OFFICER		13.13	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
NAME		13.14 NAME	
STREET ADDRESS		13.15 STREET ADDRESS	
CITY		13.16 CITY	
STATE		13.17 STATE	
ZIP		13.18 ZIP	
OFFICER		13.19	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
NAME		13.20 NAME	
STREET ADDRESS		13.21 STREET ADDRESS	
CITY		13.22 CITY	
STATE		13.23 STATE	
ZIP		13.24 ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the exceptions stated in Sections 119.07(2)(b), Florida Statutes. I further certify that this information is included in the annual report or supplemental annual report as required by law and is correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or institution empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change or as an attached but not an address.

SIGNATURE:  **Carol Joseph**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/29/95**

Phone: **(305) 932-7802**