## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** Mar 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (1)H94319 CAROUSEL INVESTMENTS, INC. Principal Place of Business Mailing Address % ROY CRACKNELL 176 JOHNS PASS BROADWALK MADEIRA BEACH FL 33708-2625 12008 70TH AVENUE NORTH DO NOT WRITE IN THIS SPACE SEMINOLE FL 33772 3. Date Incorporated or Qualified 01/15/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2638766 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 Personal Property Tax due June 30. □No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CRACKNELL, ROY 12008 70TH AVENUE NORTH Street Address (P.O. Box Number is Not Acceptable) **SEMINOLE FL 33772** 84 City Zip Code 85 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. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE TITLE 1.1 TITLE Change ☐ Addition CRACKNELL, ROY NAME 1.2 NAME 12008 70TH AVENUE NORTH STREET ADDRESS 1.3 STREET ADDRESS SEMINOLE FL 33772 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CRACKNELL, CHRISTINE V 22 NAME NAME 12008 70TH AVENUE NORTH 2.3 STREET ADDRESS STREET ADDRESS SEMINOLE FL 33772 CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ Addition TITLE DELETE 3.1 TITLE ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY ST-ZIP 3.4. CITY - ST - ZIP DETELE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

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 is 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 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-S1-ZIP

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5.1 TITLE

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SIGNATURE:

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