Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

∐Yes

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	H96588
. Companies Marco	

1. Corporation Name CARRAZANA-EVANS INVESTM					
Principal Place of Business	Mailing Address				1 S1811 #1811 #1811
3348 CURRY FORD RD. ORLANDO FL 32806	3348 CURRY FORD RD. ORLANDO FL 32806			DO NOT WRITE IN	N THIS SPACE
				3. Date Incorporated or Qualifed 11/26/1985	
Principal Place of Business Section	2a. Mailing Address			4. FEI Number 59-2670028	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-		5. Certifcate of Status Desired :	\$8.
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5 Ac
Zip Country 24 25	Zip 29	Country 30		This corporation owes the current y Personal Property Tax.	ear Intangible
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Current Registered Agent			10. Name and Address of New Regis	itered Agent
		81	Nam	ne	
CARRAZANA, JOSE 5000 DORETTA CT		82	Stre	eet Address (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32806		83			•
		84	City	,	FL 85
Pursuant to the provisions of Sections office or registered agent, or both, in the agent. I am familiar with, and accept the section of	ie State of Florida. Such change was :	autnorized by	tne co	ned corporation submits this statement for the purporporation's board of directors. I hereby accept the	ose of changi appointment
SIGNATURE Signature, typed or printed name of reg	istered agent and title if applicable (NOT	E. Registered Ager	t signatu	ure required when reinstating)	ATE
12. OFFIC	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIR	

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90014 029 ***150.00



							85 Zip	Code
				City		FL.		
office or r	to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	change was author	izea dv	tne com	corporation submits this statement for pration's board of directors. I hereby a	r the purpose of c accept the appoin	hanging it tment as r	s registered egistered
SIGNATURE		/NOTE Boso	torod Apor	t eignatura r	equired when reinstating)	DATE		
	Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS			i agratore i	ADDITIONS/CHANGES TO		DIRECT	ORS IN 12
12.			13.		ADDITIONS/CHANGES TO	J OF FICERO AIVE	Change	
TITLE	D D DOUBLE DOUBLE A							_
NAME	EVANS, ROBERT A.		I.2 NAME					
STREET ADDRESS		•	.3 STREE	ADDRESS				
CITY-ST-ZIP	ORLANDO FL		.4 CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE	DP	☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME	CARRAZANA, JOSE	:	2.2 NAME					
STREET ADDRESS	5000 DORETTA COURT		2.3 STREE	ADDRESS				
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-5	T-ZIP				
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS		:	3.3 STREE	ADDRESS				
CITY-ST-ZIP		<u></u> :	3.4 CITY-5	T-ZIP				
TITLE		☐ DELETE	4,1 TITLE				☐ Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS		Į.	4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4,4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS] :	5.3 STREE	T ADDRESS			•	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		DELETE	6.1 TITLE				☐ Change	e
NAME		Į.	6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY-S					
14. I hereby	certify that the information supplied with this filing doe	s not qualify for the	exempl	ion state	d in Section 119.07(3)(i), Florida State	utes. I further certi	ify 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, with all other like empowered.

SIGNATURE:



(407)658 896 6692 Daytime Phone #